

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 005 ****61.25

DOCUMENT # 719019

1. Entity Name

WEEKI WACHEE AREA CLUB, INC.



Principal Place of Business

7442 SHOAL LINE BLVD
SPRING HILL FL 34607
US

Mailing Address

6309 FINE STREET
WEEKI WACHEE FL 34607
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, TRUDY
6309 FINE STREET
WEEKI WACHEE FL 34607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(DATE)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BRENDA	
STREET ADDRESS	9297 GRIZZLY BEAR LANE	
CITY ST ZIP	WEEKI WACHEE FL 34613	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WELLS, TRUDY	
STREET ADDRESS	6309 FINE STREET	
CITY ST ZIP	WEEKI WACHEE FL 34607	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOLLEY, AUDREY	
STREET ADDRESS	13355 CONVENT GARDEN RD.	
CITY ST ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, MICKI	
STREET ADDRESS	12475 KILDEER RD	
CITY ST ZIP	WEEKI WACHEE FL 34614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOWANS, HARRY	
STREET ADDRESS	2265 PINTA AVE	
CITY ST ZIP	SPRING HILL FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CAROL	
STREET ADDRESS	7515 DUNDEE WAY	
CITY ST ZIP	WEEKI WACHEE FL 34613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, AUDREY	
STREET ADDRESS	13355 CONVENT GARDEN RD.	
CITY ST ZIP	BROOKSVILLE, FL. 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWANS, HARRY	
STREET ADDRESS	2265 PINTA AVE.	
CITY ST ZIP	SPRING HILL, FL. 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BRENDA	
STREET ADDRESS	9297 GRIZZLY BEAR LANE	
CITY ST ZIP	WEEKI WACHEE, FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWANS, HERBERT	
STREET ADDRESS	1515 BISHOP RD.	
CITY ST ZIP	SPRING HILL, FL. 34608	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Trudy Wells (TRUDY WELLS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 596-6686