2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 31, 2005 8:00 am Secretary of State 08-31-2005 90014 033 ****61.25

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1. Entity Name



REGION	IE CLUB OF AMERICA, INC	., NORTH FLORID	DA I						
Principal Place of Business Mailing Address 2058 TRESCOTT DR 2058 TRESCOTT DR TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US					50064268				
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08302005 Ct	ng-NP	CR2E037 (10/	03)	
City & State		City & State	City & State		F0 2020267			Applied For Not Applicable	
Žip	Country	Zip	Country		5. Certificate of St		Fee Re	Additional quired	
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Re	egistered Agent		
BOGGS, DON 2058 TRESCOTT DR			Nam		P.O. Box Number is t	Nat Assessable			
	SSEE, FL 32308		3000	Address (voi Acceptable) 		
	1.		City				⊢∎ Ziα	Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing	its registered offic	e or register	ed agent, or both, in	the State of Flo	rida. I am familiar	with, and accept	
J	, ,								
SIGNATURE.	Signature, typed or printed name of registered agent a								
	Signature, typed or printed reache or registered agent a		OTE: Registered Agent si	gnature required	when reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.						
D	Filing Fee is \$61.25 ue by September 7, 2005		· -		\$5.00 May Be Added to Fees		ake check paya da Department		
D-	ue by September 7, 2005 OFFICERS AND DIF	Trust Fund	· -	<u> </u>		Flori	da Department	of State	
10.	OFFICERS AND DIF	Trust Fund	d Contribution.	<u> </u>	Added to Fees	Flori	da Department	of State	
10. TITLE NAME	OFFICERS AND DIF	Trust Fund	11. ITTLE NAME	<u> </u>	Added to Fees	Flori	da Department	of State	
10.	OFFICERS AND DIF	Trust Fund	d Contribution.	<u> </u>	Added to Fees	Flori	da Department	of State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD VLASAK, TOM 1901 S. MAGNOLIA DR	Trust Fund	11. TITLE NAME STREET ADDRE	<u> </u>	Added to Fees	Flori	da Department	of State RS IN 10 ange	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PD VLASAK, TOM 1901 S. MAGNOLIA DR TALLAHASSEE, FL 32301 TD BOGGS, DON	Trust Funi	d Contribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	ss	Added to Fees	Flori	da Department	of State RS IN 10 ange	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD VLASAK, TOM 1901 S. MAGNOLIA DR TALLAHASSEE, FL 32301 TD BOGGS, DON 2058 TRESCOTT DR	Trust Funi	d Contribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	ss v/t	Added to Fees ADDITIONS/CHANG	Flori	da Department RS AND DIRECTO Ch	of State RS IN 10 ange Addition ange Addition	
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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 employered 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 attactment with an address, with all other like empowered.

SIGNATURE: