2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 735953

Entity Name: CARL HILL GALLOWAY PIONEER CLUB, INC.

Current Principal Place of Business:

PO BOX 165000
ALTAMONTE SPRINGS, FL 327165000 US

New Principal Place of Business:

Current Mailing Address:

1100 CAREW AVENUE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-1671744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLY,CAROLYN D.
1100 CAREW AVENUE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCDANIEL-MORGAN, KIM
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: GURLEY, CHERI
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: CORDER, CAROL
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: KELLY, CAROLYN D
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: PETERSON, HANS
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: WOLFE, MELBA
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PETERSON, HANS
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: V (X) Change ( ) Addition
Name: WILLIAMS, TERRY
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: V (X) Change ( ) Addition
Name: CORDER, CAROL
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LECLAIRE, MELISSA
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN D. KELLY SD 04/13/2005
Electronic Signature of Signing Officer or Director — Date