

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735953

FILED
Feb 28, 2008
Secretary of State

Entity Name: CARL HILL GALLOWAY PIONEER CLUB, INC.

Current Principal Place of Business:

555 LAKE BORDER DRIVE
APOPKA, FL 32703 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:

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

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: CAROLYN D. KELLY

02/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/28/2008

Electronic Signature of Signing Officer or Director

Date