

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90084 024 ****61.25

DOCUMENT # 736632

1. Entity Name

MCALPIN COMMUNITY CLUB, INC.



Principal Place of Business

9981 170TH TERRACE
MCALPIN FL 32062

Mailing Address

6949 180 ST.
MCALPINE FL 32062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

MULLCAHY, PAT
~~MULLCAHN, PAT~~
6949 180TH STREET
MC ALPIN FL 32062

7. Name and Address of New Registered Agent

Name

MULLCAHY, PAT

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

PAT MULLCAHY

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

Pat Mulcahy

(NOTE: Registered Agent signature required when reappointing)

1/26/06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	MEADOWS, GRANT	
STREET ADDRESS	PO BOX 224	
CITY-ST-ZIP	O BRIEN FL 32071	

TITLE	V	<input type="checkbox"/> Delete
NAME	WADE, DONNA	
STREET ADDRESS	7573 168 ST.	
CITY-ST-ZIP	WELLBORN FL 32094	

TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, SHIRLEY	
STREET ADDRESS	18094 77 PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	

TITLE	D	<input type="checkbox"/> Delete
NAME	HAAS, WILLIE	
STREET ADDRESS	18612 105 RD	
CITY-ST-ZIP	MCALPIN FL 32062	

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEW, FRANKLIN	
STREET ADDRESS	10663 75 PLACE	
CITY-ST-ZIP	MC ALPIN FL 32062	

TITLE	T	<input type="checkbox"/> Delete
NAME	MULLCAHY, PAT	
STREET ADDRESS	6949 180 ST.	
CITY-ST-ZIP	MCALPIN FL 32062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Pat Mulcahy

PAT MULLCAHY

1/26/06

(281) 913-3466