

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

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 005 ****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 - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 252

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State
McAlpin, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

32062

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MULEAHY, PAT
6949 180TH STREET
MC ALPIN FL 32062**

7. Name and Address of New Registered Agent

Name **Shirley Jones**

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

18094 77th Place

City **McAlpin**

FL

Zip Code
32062

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.

**Shirley Jones
Secretary/Treasurer**

SIGNATURE

4/11/07

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	PD	☒ Delete
NAME	MEADOWS, GRANT	
STREET ADDRESS	PO BOX 224	
CITY- ST- ZIP	O BRIEN FL 32071	
TITLE	V	☒ Delete
NAME	WADE, DONNA	
STREET ADDRESS	7573 168 ST.	
CITY- ST- ZIP	WELLBORN FL 32094	
TITLE	S	☐ Delete
NAME	JONES, SHIRLEY	
STREET ADDRESS	18094 77 PLACE	
CITY- ST- ZIP	MCALPIN FL 32062	
TITLE	D	☒ Delete
NAME	HAAS, WILLIE	
STREET ADDRESS	18612 105 RD	
CITY- ST- ZIP	MCALPIN FL 32062	
TITLE	D	☒ Delete
NAME	MATTHEW, FRANKLIN	
STREET ADDRESS	10663 75 PLACE	
CITY- ST- ZIP	MC ALPIN FL 32062	
TITLE	T	☒ Delete
NAME	MULCAHY, PAT	
STREET ADDRESS	6949 180 ST.	
CITY- ST- ZIP	MCALPIN FL 32062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Wade, Donna	
STREET ADDRESS	7573 168th St.	
CITY- ST- ZIP	Wellborn, FL 32094	
TITLE	V	☒ Change ☐ Addition
NAME	Mahan, Connie	
STREET ADDRESS	15663 97th Dr.	
CITY- ST- ZIP	Live Oak, FL 32060	
TITLE	D	☐ Change ☒ Addition
NAME	Dasher, Myrle	
STREET ADDRESS	5544 180th St.	
CITY- ST- ZIP	McAlpin, FL 32062	
TITLE	D	☒ Change ☐ Addition
NAME	Mulcahy, Pat	
STREET ADDRESS	6949 180th St.	
CITY- ST- ZIP	McAlpin, FL 32062	
TITLE	D	☒ Change ☐ Addition
NAME	Wade, Robert	
STREET ADDRESS	7573 168th St.	
CITY- ST- ZIP	Wellborn, FL 32094	
TITLE	T	☒ Change ☐ Addition
NAME	Jones, Shirley	
STREET ADDRESS	18094 77th Place	
CITY- ST- ZIP	McAlpin, FL 32062	

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:

Shirley Jones

Shirley Jones

4/11/07

386-963-5357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #