

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736632

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: MCALPIN COMMUNITY CLUB, INC.

**Current Principal Place of Business:**

9981 170TH TERRACE  
MCALPIN, FL 32062

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 152  
MCALPINE, FL 32062

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, SHIRLEY  
18094 77TH PLACE  
MC ALPIN, FL 32062 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: D ( ) Delete  
Name: WADE, ROBERT  
Address: 7573 168TH ST  
City-St-Zip: WELLBORN, FL 32094

Title: P ( ) Delete  
Name: WADE, DONNA  
Address: 7573 168 ST.  
City-St-Zip: WELLBORN, FL 32094

Title: ST ( ) Delete  
Name: JONES, SHIRLEY  
Address: 18094 77 PLACE  
City-St-Zip: MCALPIN, FL 32062

Title: D ( ) Delete  
Name: DASHER, MYRLE  
Address: 5544 180TH ST  
City-St-Zip: MCALPIN, FL 32062

Title: D ( ) Delete  
Name: WADE, ROBERT  
Address: 7573 168TH ST  
City-St-Zip: WELLBORN, FL 32094

Title: D ( ) Delete  
Name: MULCAHY, PAT  
Address: 6949 180 ST.  
City-St-Zip: MCALPIN, FL 32062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: MAHAN, CONNIE  
Address: 15663 97TH DRIVE  
City-St-Zip: LIVE OAK, FL 32060

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:

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: SHIRLEY JONES

ST

01/17/2009

Electronic Signature of Signing Officer or Director

Date