


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90024 010 \*\*\*\*61.25

<b>DOCUMENT # 737393</b> 1. Entity Name <b>CHEROKEE PARK ADULT RECREATION CENTER, INC.</b>					
Principal Place of Business <b>5641 SE 113 PL BELLEVIEW FL 34421 US</b>			Mailing Address <b>PO BOX 1771 BELLEVIEW FL 34421</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-3310999</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBERTSON, WHITNEY 11617 S.E. 55 AVE RD BELLEVIEW FL 34420</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTENZELLNER, HAZEL		NAME	<b>VP MILLIE SIMMONS</b>	
STREET ADDRESS	13513 SW 43 CIR		STREET ADDRESS	<b>459 A MIDWAY DR.</b>	
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	<b>OCALA, FLA. 34472</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, PAULA A		NAME	<b>Same</b>	
STREET ADDRESS	5814 SE DREW RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, MARJORIE		NAME	<b>DIRECTOR-SECRETARY KENDRA DANN</b>	
STREET ADDRESS	11617 SE 55 AVE RD		STREET ADDRESS	<b>11225 SE. 73RD CT.</b>	
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP	<b>BELLEVIEW, FLA. 34420</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANZELLA, BERNICE		NAME	<b>DIRECTOR MANZELLA, BERNICE</b>	
STREET ADDRESS	11585 SE 71 TERR RD		STREET ADDRESS	<b>11585 SE 71 TERR RD.</b>	
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP	<b>BELLEVIEW, FL. 34420</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIANCO, HELEN		NAME		
STREET ADDRESS	11725 SE 59 AVE		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, PAULA A		NAME	<b>SAME</b>	
STREET ADDRESS	5814 SE DREW RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: Paula A. Brown PAULA A. BROWN 4-1-2004 864-2608</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					