


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

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 737393	
1. Entity Name CHEROKEE PARK ADULT RECREATION CENTER, INC.	

Principal Place of Business 5641 SE 113 PL BELLEVUE FL 34421 US	Mailing Address PO BOX 1771 BELLEVUE FL 34421
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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 22-3310999 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, WHITNEY
11617 S.E. 55 AVE RD
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name _____
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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME SIMMONS, MILLIE		NAME	
STREET ADDRESS 459 A MIDWAY DR.		STREET ADDRESS	
CITY - ST - ZIP OCALA FL 34472		CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME BROWN, PAULA A		NAME	
STREET ADDRESS 5814 SE DREW RD		STREET ADDRESS	
CITY - ST - ZIP BELLEVUE FL 34420		CITY - ST - ZIP	
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME DAMM, GLENDA		NAME	
STREET ADDRESS 11225 SE 73RD CT.		STREET ADDRESS	
CITY - ST - ZIP BELLEVUE FL 34420		CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME MANZELLA, BERNICE		NAME	
STREET ADDRESS 11585 SE 71 TERR RD		STREET ADDRESS	
CITY - ST - ZIP BELLEVUE FL 34420		CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME BROWN, PAULA A		NAME	
STREET ADDRESS 5814 SE DREW RD		STREET ADDRESS	
CITY - ST - ZIP BELLEVUE FL 34420		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 *Paula A Brown* *Paula A Brown* 3-26-2006