

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 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
BELLEVIEW FL 34421
US

Mailing Address

PO BOX 1771
BELLEVIEW FL 34421



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 VP ☐ Delete
NAME SIMMONS, MILLIE
STREET ADDRESS 459 A MIDWAY DR.
CITY- ST- ZIP OCALA FL 34472

TITLE P ☐ Delete
NAME BROWN, PAULA A
STREET ADDRESS 5814 SE DREW RD
CITY- ST- ZIP BELLEVIEW FL 34420

TITLE DS ☐ Delete
NAME DAMM, GLENDA
STREET ADDRESS 11225 SE 73RD CT.
CITY- ST- ZIP BELLEVIEW FL 34420

TITLE D ☐ Delete
NAME MANZELLA, BERNICE
STREET ADDRESS 11585 SE 71 TERR RD
CITY- ST- ZIP BELLEVIEW FL 34420

TITLE ST ☐ Delete
NAME BROWN, PAULA A
STREET ADDRESS 5814 SE DREW RD
CITY- ST- ZIP BELLEVIEW FL 34420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000825530
STREET ADDRESS 02/21/08-80014-006 61.25
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ 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: Paula A. Brown (P) PAULA A. BROWN 2-8-2008 352 804-2608