

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737393

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** CHEROKEE PARK ADULT RECREATION CENTER, INC.

**Current Principal Place of Business:**

5641 SE 113 PL  
BELLEVIEW, FL 34421 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1771  
BELLEVIEW, FL 34421

**New Mailing Address:**

**FEI Number:** 22-3310999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTSON, WHITNEY  
11617 S.E. 55 AVE RD  
BELLEVIEW, FL 34420 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: VP ( ) Delete  
Name: SIMMONS, MILLIE  
Address: 459 A MIDWAY DR.  
City-St-Zip: OCALA, FL 34472

Title: P ( ) Delete  
Name: BROWN, PAULA A  
Address: 5814 SE DREW RD  
City-St-Zip: BELLEVIEW, FL 34420

Title: DS ( ) Delete  
Name: DAMM, GLENDA  
Address: 11225 SE 73RD CT.  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: MANZELLA, BERNICE  
Address: 11585 SE 71 TERR RD  
City-St-Zip: BELLEVIEW, FL 34420

Title: ST ( ) Delete  
Name: BROWN, PAULA A  
Address: 5814 SE DREW RD  
City-St-Zip: BELLEVIEW, FL 34420

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

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: PAULA A BROWN

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date