


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90109 012 \*\*\*\*61.25

<b>DOCUMENT # 738007</b> 1. Entity Name <b>THE TOURIST CLUB OF ZEPHYRHILLS, INC.</b>					
Principal Place of Business <b>5216 SEVENTH STREET ZEPHYRHILLS, FL 33540</b>			Mailing Address <b>5216 SEVENTH STREET ZEPHYRHILLS, FL 33540</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1749373</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent  <b>LOOMIS, RUSS 6103 PEACH ST ZEPHYRHILLS, FL 33540</b>				7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LADY, BARBARA</b> <b>38143 DONNA AVE</b> <b>ZEPHYRHILLS, FL 33542</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TOWLE, ROWENA</b> <b>5509 BENTON ST</b> <b>ZEPHYRHILLS, FL 33541</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERSHEY, CLYDE</b> <b>3718 CASTLE DR</b> <b>ZEPHYRHILLS, FL 33540</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. EARL HILL</b> <b>35039</b> <b>ZEPHYR SHORES DR. 33541</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVANS, NONA</b> <b>7337 LOL BLVD (P.O. BOX 125)</b> <b>LAND O LAKES, FL 34639</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FLYNN, ROBERT</b> <b>2505 HIGH OAKS LANE</b> <b>LUTZ, FL 33559</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EDGAR MYERS</b> <b>36942 KAY AVE</b> <b>ZEPHYRHILLS FL 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORTON, ANDREW</b> <b>38833 9TH AVE</b> <b>ZEPHYRHILLS, FL 33542</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Edgar L. Myers</u> 3-11-05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					