

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 048 ****61.25

DOCUMENT # 738007

1. Entity Name
THE TOURIST CLUB OF ZEPHYRHILLS, INC.



Principal Place of Business
**5216 SEVENTH STREET
ZEPHYRHILLS, FL 33540**

Mailing Address
**5216 SEVENTH STREET
ZEPHYRHILLS, FL 33540**

40110555



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

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

County

Zip

County

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1749373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LADY, BARBARA
5152 RYALS RD
ZEPHYRHILLS, FL 33541**

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.

Name, title, and address of agent, if applicable.

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **LADY, BARBARA**
STREET ADDRESS **5152 RYALS RD**
CITY, ST, ZIP **ZEPHYRHILLS, FL 33541**

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

TITLE **VP** ☒ Delete
NAME **TOWLE, ROWENA**
STREET ADDRESS **5509 BENTON ST**
CITY, ST, ZIP **ZEPHYRHILLS, FL 33541**

TITLE **VP** ☐ Change ☒ Addition
NAME **MERL JOSLIN**
STREET ADDRESS **38521 REMORA AVE**
CITY, ST, ZIP **ZEPHYRHILLS FL 33540**

TITLE **D** ☒ Delete
NAME **HILL, EARL**
STREET ADDRESS **35039 CASTLE DR**
CITY, ST, ZIP **ZEPHYRHILLS SHORES, FL 33541**

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES DAUGHTERY**
STREET ADDRESS **37400 CHANCY RD**
CITY, ST, ZIP **ZEPHYRHILLS FL 33542**

TITLE **D** ☐ Delete
NAME **COPELAND, SHIRLEY**
STREET ADDRESS **83612 STAFFORD DR**
CITY, ST, ZIP **ZEPHYRHILLS, FL 33540**

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

TITLE **T** ☐ Delete
NAME **MYERS, EDGAR**
STREET ADDRESS **36942 KAY AVE**
CITY, ST, ZIP **ZEPHYRHILLS, FL 33542**

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

TITLE **D** ☐ Delete
NAME **NORTON, CONNIE**
STREET ADDRESS **38833 9TH AVE**
CITY, ST, ZIP **ZEPHYRHILLS, FL 33542**

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 Chapter 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:

Edgar Myers **EDGAR MYERS** 5-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date