

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90008 021 ****61.25

DOCUMENT # 741546 1. Entity Name GOLDEN AGE CLUB OF MULBERRY, FLA., INC.			
Principal Place of Business 901 NE 5TH STREET MULBERRY, FL 33860		Mailing Address 901 NE 5TH STREET MULBERRY, FL 33860	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 600 NW 9th ST. Suite, Apt. #, etc.	
City & State		City & State MULBERRY FL	
Zip 33860	Country U.S.A.	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHEELER, ROBERT O 600 N.W. 9TH STREET MULBERRY, FL 33860		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, GERRY 4861 PHEASANT DRIVE MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, DAN 135 LAKE MICHIGAN MULBERRY FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFE, DAN 135 LAKE MICHIGAN MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LA VOHN SANDLIN 4621 DAKEMAN RD. LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, MOSELLE 205 N.E. 9TH STREET MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEELER, PAULINE 600 N.W. 9TH STREET MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, NEWITT 1206 N.E. 6TH AVENUE MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, TERESA 235 LAKE HURON DRIVE MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARY MENEAL 4930 COLONNADES CIRCLE E. LAKELAND FL 33811
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: Pauline Wheeler <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PAULINE WHEELER <small>Date</small>	

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