

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**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

600 NW 9TH ST  
MULBERRY FL 33860

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 (10/06)

4. FEI Number

NO-T APPLICABLE

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

WHEELER, ROBERT O  
600 N.W. 9TH STREET  
MULBERRY FL 33860

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 reinstating)

DATE

**FILE NOW: 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: WOLFE, DAN  
STREET ADDRESS: 135 LK MICHIGAN  
CITY-STATE-ZIP: MULBERRY FL 33860

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000624140  
CITY-STATE-ZIP: 02/14/07-80019-008 61.25

TITLE: S ☐ Delete  
NAME: SANDLIN, LA VOHN  
STREET ADDRESS: 4621 DAKEMAN RD  
CITY-STATE-ZIP: LAKELAND FL 33813

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: STEWART, MOSELLE  
STREET ADDRESS: 205 N.E. 9TH STREET  
CITY-STATE-ZIP: MULBERRY FL 33860

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: TD ☐ Delete  
NAME: WHEELER, PAULINE  
STREET ADDRESS: 600 N.W. 9TH STREET  
CITY-STATE-ZIP: MULBERRY FL 33860

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: ROBERTS, NEWITT  
STREET ADDRESS: 1206 N.E. 6TH AVENUE  
CITY-STATE-ZIP: MULBERRY FL 33860

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VD ☐ Delete  
NAME: MCNEAL, MARY  
STREET ADDRESS: 4930 COLONNADES CIR, E  
CITY-STATE-ZIP: LAKELAND FL 33811

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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:**

*Pauline Wheeler*

1-29-07

863-425-3423