


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 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
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 ROBERT O. WHEELER DATE 1-28-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, DAN 135 LK MICHIGAN MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDLIN, LA VOHN 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	TD WHEELER, PAULINE 600 N.W. 9TH STREET MULBERRY, FL 33860
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	VD MCNEAL, MARY 4930 COLONNADES CIR, E LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

U00000804926
02/05/08-80088-010 61.25

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 1-28-08 863-425-3423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #