


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90034 004 \*\*\*\*61.25

<b>DOCUMENT # 741841</b>	
<b>1. Entity Name</b> <b>THE PACESETTERS' CLUB, INC.</b>	

<b>Principal Place of Business</b> 1765 S.W. 5TH ST. OCALA FL 32674	<b>Mailing Address</b> 1765 S.W. 5TH ST. OCALA FL 32674
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40005693



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  GARVIN, RUBY L 1765 S.W. 5TH ST. OCALA FL 34474
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

<b>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.</b>		
<b>SIGNATURE</b> <i>Ruby L Garvin</i>	<b>Treasurer</b>	<b>1/20/05</b>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> HAILE, ANN P	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> P.O. BOX 367 N/A	<b>CITY-ST-ZIP</b> SILVER SPRINGS FL 34489	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> VD	<b>NAME</b> DAVIS, LORETTA	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 12401 N.W. HWY 326	<b>CITY-ST-ZIP</b> OCALA FL 34482	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> S	<b>NAME</b> JENKINS, LORETTA	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2200 NW 24TH ROAD	<b>CITY-ST-ZIP</b> OCALA FL 34475	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> TD	<b>NAME</b> GARVIN, RUBY	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1765 S.W. 5TH STREET	<b>CITY-ST-ZIP</b> OCALA FL 34474	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

<b>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>
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<b>SIGNATURE:</b> <i>Ruby L Garvin</i>	<b>1/20/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>