

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

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 010 ****61.25

DOCUMENT # 741841

1. Entity Name

THE PACESETTERS' CLUB, INC.



Principal Place of Business

1765 S.W. 5TH ST.
OCALA FL 32674

Mailing Address

1765 S.W. 5TH ST.
OCALA FL 32674

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

GARVIN, RUBY L
1765 S.W. 5TH ST.
OCALA FL 34474

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

Ruby L. Garvin

Signature, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/31/07

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAILE, ANN P	
STREET ADDRESS	P.O. BOX 367 N/A	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LORETTA	
STREET ADDRESS	12401 N.W. HWY 326	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, LORETTA	
STREET ADDRESS	2200 NW 24TH ROAD	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARVIN, RUBY	
STREET ADDRESS	1765 S.W. 5TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice Roberts Cunningham	
STREET ADDRESS	P.O. Box 5331	
CITY-ST-ZIP	Ocala, Florida 34478	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aretha Anderson	
STREET ADDRESS	2312 S.W. 4th Street	
CITY-ST-ZIP	Ocala, Florida 34474	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmie Fordham	
STREET ADDRESS	1701 N.W. 18th Avenue	
CITY-ST-ZIP	Ocala, Florida 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Ruby L. Garvin Ruby L. Garvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

352-732-5048

Daytime Phone #