

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 744056

1. Entity Name
CITIZENS FOR THE OLD LUTZ SCHOOL BUILDING, INC.



Principal Place of Business
**18819 U.S. HIGHWAY NO. 41
LUTZ, FL 33549 US**

Mailing Address
**202 W. LUTZ LAKE FERN ROAD
LUTZ, FL 33549**



02012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2945889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOEDT, PHYLLIS J.
202 W. LUTZ LAKE FERN ROAD
LUTZ, FL 33549**

**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

Phyllis J. Hoedt Co-Chairman Phyllis J. Hoedt

2-2-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOEDT, WILLIAM
STREET ADDRESS	202 W LUTZ LAKE DERN RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	HOEDT, PHYLLIS J.
STREET ADDRESS	202 W LUTZ LAKE FERN ROD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	HOEDT, LAWRENCE W R
STREET ADDRESS	1312 151ST AVENUE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	P
NAME	NEVEL, BEN
STREET ADDRESS	18602 SAN RIO CIRCLE
CITY-ST-ZIP	LUTZ, FL
TITLE	T
NAME	PITTMAN, ELAINE
STREET ADDRESS	105 2ND AVE SE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	NEVEL, BETH
STREET ADDRESS	18602 SAN RIO CIRCLE
CITY-ST-ZIP	LUTZ, FL 33549

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02/18/05-80051-003 61.25

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IN THIS SPACE**

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.

SIGNATURE:

Elaine A. Pittman, Treasurer Elaine A. Pittman 2/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-949-5737