

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90406 045 ****61.25

DOCUMENT # 744175

1. Entity Name

PALATKA DUPLICATE BRIDGE CLUB, INCORPORATED



Principal Place of Business

521 S 13TH STREET
PALATKA FL 32177-5003

Mailing Address

521 S 13TH STREET
PALATKA FL 32177-5003

24030906



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2372699

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUSSOLINE, JOHN D.
501 ST. JOHNS AVE.
PALATKA FL 32177

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, 2004

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
NAME RION, III, FOUNT ☒ Delete
STREET ADDRESS 219 DREW STREET
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE
NAME Jo ANN TUTEN ☒ Change ☐ Addition
STREET ADDRESS 322 Blair Dr.
CITY-ST-ZIP PALATKA FL 32177

TITLE VPD
NAME MILLER, JOYCE ☐ Delete
STREET ADDRESS P.O. BOX 520
CITY-ST-ZIP BOSTWICK FL 32007

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME MESSINA, JEAN ☐ Delete
STREET ADDRESS 134 HIAWATHA CT
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME DURCHHOLTZ, DONNA ☐ Delete
STREET ADDRESS 10405 BAYLOR AVENUE
CITY-ST-ZIP HASTINGS FL 32145

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KICKLIGHTER, LOUISE ☐ Delete
STREET ADDRESS 121 ROUND LAKE ROAD #1
CITY-ST-ZIP PALATKA FL 32177

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BAKER, JOYCE ☐ Delete
STREET ADDRESS 405 MISSION ROAD
CITY-ST-ZIP PALATKA FL 32177

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

JEAN MESSINA (JEAN MESSINA) 3-25-04 (386) 326 3729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #