

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90056 025 \*\*\*\*61.25

<b>DOCUMENT # 744175</b> 1. Entity Name <b>PALATKA DUPLICATE BRIDGE CLUB, INCORPORATED</b>					
Principal Place of Business <b>521 S 13TH STREET PALATKA, FL 32177-5003</b>			Mailing Address <b>521 S 13TH STREET PALATKA, FL 32177-5003</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01042007    Chg-NP      CR2E037 (12/06)	
4. FEI Number <b>59-2372699</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MUSSOLINE, JOHN D. 501 ST. JOHNS AVE. PALATKA, FL 32177</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DURCHOLTZ, DONNA</b> <b>10405 BAYLOR AVE</b> <b>HASTINGS, FL 32145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Durchholz</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDD <b>BAKER, JOYCE</b> <b>405 MISSION RD</b> <b>PALATKA, FL 32177</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MESSINA, JEAN</b> <b>134 HIAWATHA CT</b> <b>EAST PALATKA, FL 32131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FD Johnsen, Anita</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>355 West River Road</b> <b>Palatka, FL 32177-7063</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CUNIO, RUTH</b> <b>511 MULHOLLAND PK</b> <b>PALATKA, FL 32177</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KICKLIGHTER, LOUISE</b> <b>121 ROUND LAKE ROAD #1</b> <b>PALATKA, FL 32177</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Gill, Pamela E.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>265 Turner Road</b> <b>East Palatka, FL 32131-2123</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions found 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.					
<b>SIGNATURE: <u>Donna Durchholz</u> Donna Durchholz</b> 1/10/07    386-328-1582					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					