

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90029 047 \*\*\*\*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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>59-2372699</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	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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. <input type="checkbox"/> Delete <b>DURCHHOLZ, DONNA 10405 BAYLOR AVE HASTINGS, FL 32145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barbara Rothermel 223 Oakridge Dr Wetoka, FL 32193</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDD <input type="checkbox"/> Delete <b>BAKER, JOYCE 405 MISSION RD PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fran Miers 244 Crystal Cove Dr Palatka, FL 32177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>JOHNSON, ANITA 355 WEST RIVER RD PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ruth Cunio 511 Mulholland Park Palatka, FL 32177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>CUNIO, RUTH 511 MULHOLLAND PK PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>June Earp 4803 St. Johns Ave #8C Palatka, FL 32177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KICKLIGHTER, LOUISE 121 ROUND LAKE ROAD #1 PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donna Durchholz 10405 Baylor Ave Hastings, FL 32145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GILL, PAMELA E 265 TURNER RD EAST PALATKA, FL 32131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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:</b> <u>Pamela E Gill</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Pamela E. Gill</u> <small>Date</small>		
386-329- 4/9/08 9/88 <small>Daytime Phone #</small>					