

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744175

FILED
Apr 19, 2009
Secretary of State

Entity Name: PALATKA DUPLICATE BRIDGE CLUB, INCORPORATED

Current Principal Place of Business:

521 S 13TH STREET
PALATKA, FL 321775003

New Principal Place of Business:

Current Mailing Address:

521 S 13TH STREET
PALATKA, FL 321775003

New Mailing Address:

FEI Number: 59-2372699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROTHERMEL, BARBARA
Address: 223 OAKRIDGE DR.
City-St-Zip: WELAKA, FL 32193

Title: VP () Delete
Name: MYERS, FRAN
Address: 244 CRYSTAL COVE DR.
City-St-Zip: PALATKA, FL 32177

Title: TD () Delete
Name: CUNIO, RUTH
Address: 511 MULHOLLAND PARK
City-St-Zip: PALATKA, FL 32177

Title: SD () Delete
Name: JUNE, EARL
Address: 4803 ST. JOHN AVE #8C
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: DURCHHOLZ, DONNA
Address: 10405 BAYLOR AVE.
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: GILL, PAMELA E
Address: 265 TURNER RD
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GILL, PAMELA E
Address: 265 TURNER ROAD
City-St-Zip: EASTPALATKA, FL 32131

Title: SD (X) Change () Addition
Name: JUNE, EARP
Address: 4803 ST. JOHN AVE #8C
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA E. GILL

TD

04/19/2009

Electronic Signature of Signing Officer or Director

Date