

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746541

FILED
Apr 08, 2008
Secretary of State

Entity Name: FLORIDA POWER CLUB

Current Principal Place of Business:

C/O PAT CORBISSERO
6565 38TH AVENUE NORTH
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

C/O PAT CORBISSERO
6565 38TH AVENUE NORTH
SAINT PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-6004292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBISSERO, PATRICIA L
6565 38TH AVENUE NORTH
SAINT PETERSBURG, FL 33710 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: DUVALL, DEBORAH
Address: 299 1ST AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: V () Delete
Name: GALLAGHER, JAY
Address: 299 1ST AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: T () Delete
Name: CORBISSERO, PATRICIA
Address: 6565 38TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: D () Delete
Name: MAKO, HELENE
Address: 100 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: PEREZ, MARIELA
Address: 299 1ST AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: SALVAREZZA, ANTHONY
Address: 299 1ST AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WALKER, DAVE
Address: 299 1ST AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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

Title: D (X) Change () Addition
Name: MAKO, HELENE
Address: 299 1ST AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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: PATRICIA CORBISSERO

T

04/08/2008

Electronic Signature of Signing Officer or Director

Date