

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746541

FILED  
Mar 05, 2009  
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: WALKER, DAVE  
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: 299 1ST AVENUE N  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date