


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90101 037 ****61.25

DOCUMENT # 766910 1. Entity Name SUN CITY CENTER LAPIDARY CLUB, INC.					
Principal Place of Business SUN CITY CENTER COMPLEX SUN CITY CENTER, FL 33573 US			Mailing Address P.O. BOX 5675 SUN CITY CENTER, FL 33571 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2151734	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRYWOKULSKI, RICHARD G 2019 E. DEL WEBB BLVD. SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name Marie Norton Street Address (P.O. Box Number is Not Acceptable) 1905 Eastview Drive City Sun City Center FL Zip Code 33573		
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 <i>Marie Norton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Marie Norton</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/19/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKETT, DAWN 1915 H PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERWILLINGER, JAMES 1903 E DEL WEBB BLVD SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIOHL, ROBERT 2212 NEW BADFORD DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRYWOKULSKI, RICHARD G 2019 E DEL WEBB BLVD SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marie Norton 1905 Eastview Drive Sun City Center, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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.					
SIGNATURE: <i>Marie Norton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/19/08 <small>DATE</small>		813-633-3210 <small>Daytime Phone #</small>	