

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90046 025 ****61.25

DOCUMENT # N01000003905

1. Entity Name
FUN "T" CLUB CENTRAL FLORIDA CHAPTER, INC.



Principal Place of Business
16502 SPRING VALLEY RD.
DADE CITY, FL 33523

Mailing Address
16502 SPRING VALLEY RD.
DADE CITY, FL 33523

50018826



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
04-3626635

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARGENT, EDWIN B
C/O 16502 SPRING VALLEY RD
DADE CITY, FL 33523

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

T ☐ Delete
NAME SARGENT, EDWIN B
STREET ADDRESS C/O 16502 SPRING VALLEY RD
CITY-ST-ZIP DADE CITY, FL 33523

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME LEWIS, DONALD L
STREET ADDRESS 14830 BOLAND AVENUE
CITY-ST-ZIP SPRING HILL, FL 34610

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME MOST, ROBERT
STREET ADDRESS 4204 W WOODMERE RD
CITY-ST-ZIP TAMPA, FL 33609

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☐ Delete
NAME NEWSOME, FRAN
STREET ADDRESS 16502 SPRING VALLEY RD
CITY-ST-ZIP DADE CITY, FL 33523

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME GALLERANI, JOHN
STREET ADDRESS 5843 18TH STREET
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME See Attachment
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

352 796-8889

Daytime Phone #

ATTACHMENT

50018826
#101000003905

11. Additional Officers and Directors:

P
Steve Manuel
200 North Avenue
Brooksville, FL 34601

VP
Tom Hammatt
80 Lark Avenue
Brooksville, FL 34601

D
Glenn Johnson
18303 Wayne Road
Odessa, FL 33556

D
Milt Roorda
18810 Snails Pace Way
Odessa, FL 33556