

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90665 032 \*\*\*\*61.25

**DOCUMENT # N01000006306**

1. Entity Name  
**BUSHNELL KWIANIS CLUB, INC.**



Principal Place of Business  
P.O. BOX 821  
BUSHNELL, FL 33513-0821

Mailing Address  
P.O. BOX 821  
BUSHNELL, FL 33513-0821

**94078453**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

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

**RACIDAS, MARK P**  
**316 N. MAIN ST**  
**BUSHNELL, FL 33513**

Name **MARK P. RACIAPPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**6835 CR 607-B**

City **BUSHNELL**

**FL**

Zip Code  
**33513**

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]*

**MARK P. RACIAPPA**

**4-28-04**

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, 2004**

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

TITLE  
NAME **S** ☐ Delete  
**RACIAPPA, MARK P**  
STREET ADDRESS  
**316 N. MAIN ST**  
CITY-ST-ZIP  
**BUSHGUL, FL 33573**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
**6835 CR 607-B**  
CITY-ST-ZIP  
**BUSHNELL FL 33513**

TITLE  
NAME **P** ☒ Delete  
**PACHECO, JULIE**  
STREET ADDRESS  
**PO BOX 1163**  
CITY-ST-ZIP  
**BUSHNELL, FL 33513**

TITLE  
NAME **D** ☐ Change ☒ Addition  
**RITA SWAIN**  
STREET ADDRESS  
**P.O. BOX 26**  
CITY-ST-ZIP  
**BUSHNELL, FL 33513**

TITLE  
NAME **PD** ☐ Delete  
**LOSSE, MICHAEL**  
STREET ADDRESS  
**P.O. BOX 1644**  
CITY-ST-ZIP  
**BUSHNELL, FL 33513**

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

TITLE  
NAME **T** ☐ Delete  
**CONNELL, MARILYN**  
STREET ADDRESS  
**682 CR 778**  
CITY-ST-ZIP  
**WEBSTER, FL 33597**

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

TITLE  
NAME **D** ☐ Delete  
**HARRISON, JULIAN**  
STREET ADDRESS  
**324 W. DADE AVE.**  
CITY-ST-ZIP  
**BUSHNELL, FL 33513**

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

TITLE  
NAME **D** ☐ Delete  
**WAKEMAN, RUTH**  
STREET ADDRESS  
**11380 S. HWY. 301**  
CITY-ST-ZIP  
**WEBSTER, FL 33597**

TITLE  
NAME ☐ Change ☐ Addition  
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]*

**MARK P. RACIAPPA**

**4-28-04**

**352-743-4911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #