

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90029 019 \*\*\*\*61.25

**DOCUMENT # N01000007071**

1. Entity Name

**BLUE DEVILS TOUCHDOWN CLUB, INC.**



Principal Place of Business

**600 6TH ST., SE  
WINTER HAVEN FL 33880**

Mailing Address

**P O BOX 891  
WINTER HAVEN FL 33882**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**04-3682735**

Applied For

Not Applicable

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

**HELMS, LARRY S  
60 SE 2ND ST.  
WINTER HAVEN FL 33880**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE ☐ Delete  
NAME **DONALSON, JANE**  
STREET ADDRESS **808 S LAKE ELBERT DR**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

SD ☒ Delete  
NAME **RICHARDS, CAROL**  
STREET ADDRESS **P.O. BOX 684**  
CITY-ST-ZIP **WINTER HAVEN FL 33882**

F ☒ Delete  
NAME **FAUBURT, JAMES**  
STREET ADDRESS **2983 PLANTATION ROAD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

VP ☒ Delete  
NAME **SMITH, SUSAN**  
STREET ADDRESS **PO BOX 891**  
CITY-ST-ZIP **WINTER HAVEN FL 33882**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PRESIDENT ☐ Change ☒ Addition  
NAME **Wayne Berry**  
STREET ADDRESS **347 Ave OSW**  
CITY-ST-ZIP **Winter Haven, FL 33880**

VICE PRESIDENT ☐ Change ☒ Addition  
NAME **Thomas LeJeune**  
STREET ADDRESS **P.O. Box 891**  
CITY-ST-ZIP **Winter Haven, FL 33882**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jane Donalson*

4-15-08 863 521-1260