

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90077 042 ****61.25

DOCUMENT # N02000005726

1. Entity Name
THE SUNSHINE STATE PAPILLON CLUB, INC.



Principal Place of Business
**5535 STARLING LOOP
LAKELAND, FL 33810**

Mailing Address
**5535 STARLING LOOP
LAKELAND, FL 33810**

20017709



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272005

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

**GARAMELLA, TAMMY
5535 STARLING LOOP
LAKELAND, FL 33810**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **PICKETT, ANGELA**
STREET ADDRESS **2633 PICKET DOWN DRIVE**
CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **V** ☒ Delete
NAME **HRITZO, ROBERT**
STREET ADDRESS **9546 SW 196TH AVE RD**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **S** ☐ Delete
NAME **GARAMELLA, TONY**
STREET ADDRESS **5535 STARLING LOOP**
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **T** ☐ Delete
NAME **GARAMELLA, TAMMY**
STREET ADDRESS **5535 STARLING LOOP**
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** ☒ Delete
NAME **SYNNOTT, IRENE**
STREET ADDRESS **2618 8TH STREET W**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE **D** ☐ Delete
NAME **CZECH, ARLENE**
STREET ADDRESS **778 99TH AVENUE N**
CITY-ST-ZIP **NAPLES, FL 34108**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **Mary Jo Korpi**
STREET ADDRESS **778 99th Ave N**
CITY-ST-ZIP **Naples, FL 34108**

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

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

TITLE ☐ Change ☒ Addition
NAME **Laura Koncel**
STREET ADDRESS **736 Carmen Dr**
CITY-ST-ZIP **Lake Helen, FL 32744**

TITLE ☐ Change ☐ Addition
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:

Tammy Garamella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammy Garamella

2/27/05
Date

863 816-7648
Daytime Phone #