

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90028 023 ****61.25

DOCUMENT # N02000007113 1. Entity Name CLERMONT CHAPTER FLORIDA, INC.					
Principal Place of Business 2480 S. HWY 27 CLERMONT, FL 34711			Mailing Address PO BOX 121011 CLERMONT, FL 34712		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2480 S. Hwy 27 Suite, Apt. #, etc.			
City & State Clermont FL		City & State Clermont FL		4. FEI Number 45-0480291	
Zip 34711		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOGLE, NAN B 2480 S. HWY 27 CLERMONT, FL 34711			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD MCNEIL, PETER 2480 S. HWY 27 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rybarczyk, Robert 2480 S. Hwy 27 Clermont FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIMEL, SHARON 2480 S. HWY 27 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cage, Mike 2480 S. Hwy 27 Clermont FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGLE, NAN B 2480 S HWY 27 CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cage, Dawn 2480 S. Hwy 27 Clermont FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNINGER, RICHARD 2480 S. HWY 27 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cage, Dawn 2480 S. Hwy 27 Clermont FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIK, JANICE 2480 S. HWY 27 CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cage, Dawn 2480 S. Hwy 27 Clermont FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIK, JANICE 2480 S. HWY 27 CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cage, Dawn 2480 S. Hwy 27 Clermont FL 34711
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: Nan B. Fogle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/07/06 407-761-4556 Date Daytime Phone #		
NAN B. FOGLE, Secretary					