

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90059 006 \*\*\*\*61.25

<b>DOCUMENT # N02000007113</b>					
<b>1. Entity Name</b> CLERMONT CHAPTER FLORIDA, INC.					
<b>Principal Place of Business</b> 2480 S. HWY 27 CLERMONT, FL 34711			<b>Mailing Address</b> 2480 S HWY 27 CLERMONT, FL 34711		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 45-0480291	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FOGLE, NAN B 2480 S. HWY 27 CLERMONT, FL 34711			<b>7. Name and Address of New Registered Agent</b> Name <u>Linda R Crouse</u> Street Address (P.O. Box Number is Not Acceptable) <u>14630 Pine Lake St</u> City <u>Clermont</u> <u>FL</u> Zip Code <u>34711</u>		
<b>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.</b>					
SIGNATURE <u>Linda Rouse</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3-13-07</u> <small>(NOTE: Registered Agent signature required when resigning)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYBARCZYK, ROBERT 2480 S. HWY 27 CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAGE, MIKE 2480 S. HWY 27 CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGLE, NAN B 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	<input type="checkbox"/> Delete			
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	SD Linda R. Crouse 14630 Pine Lake St Clermont FL 34711				
<b>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.</b>					
SIGNATURE: <u>Linda Rouse</u>			Date <u>3-13-07</u> Daytime Phone # <u>352-241-0910</u>		