

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90027 034 \*\*\*\*61.25

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000006642</b>					
1. Entity Name <b>PALATKA SOCIAL SINGLES CLUB, INC.</b>					
Principal Place of Business <b>1375 S R 100 MELROSE FL 32666</b>			Mailing Address <b>1375 S R 100 MELROSE FL 32666</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>113698256</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VLACOS, ELIZABETH 1375 S R 100 MELROSE FL 32666</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VLACOS, ELIZABETH</b>		NAME		
STREET ADDRESS	<b>1375 S R 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELROSE FL 32666</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TURNER, WILBUR</b>		NAME		
STREET ADDRESS	<b>247 LINDA VISTA ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DEBARY FL 32713</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>NICHOLS, CAROLYN</b>		NAME		
STREET ADDRESS	<b>6401 ST JOHNS AVE #248</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALATKA FL 32177</b>		CITY-ST-ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LAYFIELD, CAROL</b>		NAME		
STREET ADDRESS	<b>P.O.BOX 729</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Elizabeth Vlacos</i>			2-25-04 (386) 659-2593		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		