

**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

DOCUMENT # N03000006642

1. Entity Name

PALATKA SOCIAL SINGLES CLUB, INC.



3/

| | |
|----------------------------------|----------------------------------|
| Principal Place of Business | Mailing Address |
| 1375 S R 100 MELROSE FL 32666 | 1375 S R 100 MELROSE FL 32666 |

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | | |
|-------------------------------------------------|--|--|--|
| 6. Name and Address of Current Registered Agent | | | |
|-------------------------------------------------|--|--|--|

| | | | |
|----------------------------------------------------------------------------|--|--|--|
| VLACOS, ELIZABETH 1375 S R 100 MELROSE FL 32666 | | | |
|----------------------------------------------------------------------------|--|--|--|

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, 2004 | 8. 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 | TITLE | NAME |
| NAME | VLACOS, ELIZABETH | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1375 S R 100 | | |
| CITY-ST-ZIP | MELROSE FL 32666 | | |
| TITLE | NAME | TITLE | NAME |
| NAME | TURNER, WILBUR | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 247 LINDA VISTA ST | | |
| CITY-ST-ZIP | DEBARY FL 32713 | | |
| TITLE | NAME | TITLE | NAME |
| NAME | NICHOLS, CAROLYN | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 6401 ST JOHNS AVE #248 | | |
| CITY-ST-ZIP | PALATKA FL 32177 | | |
| TITLE | NAME | TITLE | NAME |
| NAME | LAYFIELD, CAROL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | P.O.BOX 729 | | |
| CITY-ST-ZIP | INTERLACHEN FL 32148 | | |
| TITLE | NAME | TITLE | NAME |
| NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | TITLE | NAME |
| NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Elizabeth VLACOS* **Date:** *2-25-04* **Daytime Phone #:** *(386)659-2593*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #