

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000600

FILED
Apr 12, 2006
Secretary of State

Entity Name: FLORIDA EVERBLADES FAN CLUB, INC.

Current Principal Place of Business:

11000 EVERBLADES PKWY
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

11000 EVERBLADES PKWY
ESTERO, FL 33928

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYINGTON, MARTIN D
728 ARDSON CT
FT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BYINGTON, MARTIN D
Address: 728 ARDSON CT
City-St-Zip: FT MYERS, FL 33913

Title: VPD () Delete
Name: DEVAN, CHARLES
Address: 10935 GROUND DOVE CIR
City-St-Zip: ESTERO, FL 33928

Title: TD () Delete
Name: WILLIS, MELISSA
Address: 1502 FOREST LAKE BLVD
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: CHRISTIANSEN, KIMBERLY
Address: 1000 WIGGINS PASS RD #L46
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: HARPER, SANDRA
Address: 6244 FOXFIRE LN
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WILLIS, MELISSA
Address: 25041 BALLYCASTLE CT #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD (X) Change () Addition
Name: CHRISTIANSEN, KIMBERLY
Address: 4579 25TH CT SW
City-St-Zip: NAPLES, FL 34116

Title: SD (X) Change () Addition
Name: HARPER, SANDRA
Address: 517 WILDWOOD PKWY
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WILLIS

TD

04/12/2006

Electronic Signature of Signing Officer or Director

Date