

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90037 024 ****70.00

DOCUMENT # N04000005167

1. Entity Name
DAY ONE CLUB, INC.



Principal Place of Business
**7086 WOODLAWN RD
MACCLENNEY, FL 32063**

Mailing Address
**7086 WOODLAWN RD
MACCLENNEY, FL 32063**

20062827



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072005 Chg-NP CR2E037 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALONEY, FRANK E PA
445 E MACCLENNEY AVE
MACCLENNEY, FL 32063**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$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 **D** ☐ Delete
NAME **WILLIAMS, JOSEPH M**
STREET ADDRESS **PO BOX 394**
CITY-ST-ZIP **MACCLENNEY, FL 32063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FOX, EDWARD S JR**
STREET ADDRESS **PO BOX 1217**
CITY-ST-ZIP **MACCLENNEY, FL 32063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STALVEY, WANDA**
STREET ADDRESS **7086 WOODLAWN RD**
CITY-ST-ZIP **MACCLENNEY, FL 32063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEWIS, JENNIFER L**
STREET ADDRESS **PO BOX 402**
CITY-ST-ZIP **MACCLENNEY, FL 32063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KEAST, KENNETH**
STREET ADDRESS **14370 CLARENCE DOBBS ROAD**
CITY-ST-ZIP **GLEN ST MARY, FL 32040**

TITLE ☒ Change ☐ Addition
NAME **SUSAN GREEN**
STREET ADDRESS **PO Box 1803**
CITY-ST-ZIP **MACCLENNEY FL 32063**

TITLE **D** ☐ Delete
NAME **DAVIS, PAUL**
STREET ADDRESS **10560 STATE ROAD 127**
CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wanda Stalvey **WANDA STALVEY** 7-7-05 904-994-7750