2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007236

1. Entity Name
"CLUB '54, INCORPORATED."

Principal Place of Business	Mailing Address
9001 SHOAL CREEK DR TALLAHASSEE, FL 32312	9001 SHOAL CREEK DR TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
11-3710115

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DILWORTH, LINDA
9001 SHOAL CREEK DR
TALLAHASSEE, FL 32312

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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.

U00000538116
SIGNATURE _____ 05/08/06-80044-012 61.25
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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DILWORTH, LINDA P
STREET ADDRESS	9001 SHOAL CREEK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	V
NAME	SMITH, SHAUNA Y
STREET ADDRESS	814 APACHE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	V
NAME	JOHNSON, JENNIFER J
STREET ADDRESS	3508 DAY LILY LN
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	RICHARDSON, CARLA K
STREET ADDRESS	339 NEVERS RD
CITY-ST-ZIP	S WINDSOR, CT 06074
TITLE	S
NAME	FRANKLIN, LENARD
STREET ADDRESS	5660 HICKORY LN
CITY-ST-ZIP	TALLAHASSEE, FL 23203
TITLE	S
NAME	GILLISPIE, KAREN J
STREET ADDRESS	8800 CHATHAM CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311

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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.

SIGNATURE: CARLA K. RICHARDSON CRichardson 4/25/06 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #