

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009171

1. Entity Name
DPI MILLIONAIRES CLUB OF CENTRAL FLORIDA INC.



Principal Place of Business
**1414 1ST STREET N.E.
WINTER HAVEN, FL 33880**

Mailing Address
**C/O MAXINE MCKINSTRY
PO BOX 3638
WINTER HAVEN, FL 33881**



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2493198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FATILA, TAMRA L
543 W. NEW ENGLAND AVENUE STE. A
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FATILA, TAMRA
STREET ADDRESS 531 W. COMSTOCK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VD
NAME BUTLER, NEDRA
STREET ADDRESS 708 N. MASS AVE.
CITY-ST-ZIP LAKELAND, FL 33801

TITLE SD
NAME REESE, NICOLE
STREET ADDRESS 1076 N. BROADWAY AVENUE
CITY-ST-ZIP BARTOW, FL

TITLE TD
NAME MCKINSTRY, MAXINE
STREET ADDRESS 1414 1ST STREET N.E.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000687412
04/10/07-60037-015 61.25

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IN THIS SPACE**

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:

Tamra Fatila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 407.740.7733
Date Daytime Phone #