

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90845 027 ****61.25

DOCUMENT # N06000009942

1. Entity Name
EAST HILLSBOROUGH COUNTY DEMOCRATIC CLUB, INC.



Principal Place of Business
**812 GREENBELT CIR
BRANDON, FL 33510 US**

Mailing Address
**P.O. BOX 7088
SEFFNER, FL 33583 US**

40093448



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04262007 Chg-NP CR2E037 (12/06)

4. FEI Number
75-3218338

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GRABEL, JEFF
812 GREENBELT CIRCLE
BRANDON, FL 33510**

7. Name and Address of New Registered Agent
Name **James M. Randolph**
Street Address (P.O. Box Number is Not Acceptable)
1817 Lake Crest Avenue
City **Brandon** FL Zip Code **33510-2256**

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 **James M. Randolph, President** DATE **April 25, 2007**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P GRABEL, JEFF P.O BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James M. Randolph P.O. Box 7088 Seffner, FL 33583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, JAMES P.O. BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donald Moffett P.O. Box 7088 Seffner, FL 33583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, STEPHEN A P.O. BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Miracle T Karen Miracle P.O. Box 7088 Seffner, FL 33583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIALLOS, KEN P.O. BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee P. Nelson P.O. Box 7088 Seffner, FL 33583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGEL, ANGIE P.O. BOX 7088 SEFFNER, FL 33583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRACLE, GARRY P.O. BOX 7088 SEFFNER, FL 33583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **James M. Randolph** **James M. Randolph** DATE **April 25, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.601.2099