## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N15436

(1)

BRIDGADETTE CLUB, INC.

Principal Place of Business	Mailing Addr

811 LAKE MANN DRIVE

811 LAKE MANN DRIVE

**FILED** May 16 1997 8:00am Secretary of State



OKLANDO FL 3	12800	UNDAMOO PE 32005-3473					
					3. Date Incorporated or Qualified 06/17/1986	3a. Date of 04/1	Last Report   <b>2/1996</b>
2. Principal Place of Business 2a. Malling Add			165		4. FEI Number 59-2889896		Applied For
28				Tot Applicable			
Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State	)	City & State			6. Election Campaign Financing	\$(	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for		
24	25		30	<del></del>	1	Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	;
			81	Name	DOROTHY R. LEMMON	r	
PRICE, F			82	Street Add	iress (P.O. Box Number is Not Acceptate		
811 W. I	lake mann dr.		83			1	
ORLAND	ORLANDO FL 32805			 	312 Burleigh Stre		
			84	City	ORLANDO,	FL 85	Zip Code 32824
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the above	e-named cor	poration submits this statement for the ration's board of directors. I hereby acception	ourpose of chan	ging its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statute	Time Colpora	A A	n to appoint it	prit as registered
SIGNATURE .	Dorothy R. Le	mmon. President		d)ais	the K. Lennon	4-17-9	7
	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE		an signatura requ	ired when reinstaling)	DATE ·	
12.		D DIRECTORS	13.		U ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DELETE	1.1 THLE		. P	XXC	hange Addition
NAMÉ	JONES, JOYCE		1.2 NAME	Ţ	Dorothy R. Lemmon		er and
STREET ADDRESS	1300 CORETTA WAY		1.3 STREET	1	312 Burleigh Stree		
CITY-ST-ZIP	ORLANDO FL	77 125, 252	1.4 CiTY-5	T-21P	Orlando, Fl 32824		
TITLE	V	☐ DELETE	2.1 TITLE	{		C	hange
NAME	WILKERSON, MILDRED		2.2 NAME				•
STREET ADDRESS	2809 LAKE SUNSET DRIVE		2.3 STREET				
CITY - ST - ZIP	ORLANDO FL		2.4 CITY-	ST-ZIP		F-1 2	1 4486
TITLE	S STATE OF THE STA	DELETÉ	3.1 TITLE	-	S	<b>S</b>	hange
NAME	BROOKS, GERALDINE		3.2 NAME	ļ	Ruth D. Price		
STREET ADDRESS	1400 PRINCE PHILLIP DR.		3.3 STREET	ADDRESS	811 W. Lake Mann D		
CITY - ST - ZIP	CASSELBERRY FL		3.4. CITY-	ST-ZIP	Orlando, Fl 32805		
TITLE	D	☐ DELETE	4.1 TITLE	ļ		□ c	hange
NAIME .	ROSE, ELLA D.		4. 2 NAME	1	•		
STREET ADDRESS	812 N. LK. MANN DR.	4	4.3 STREET				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY - S	ST - 21P	·····	·	
TITLE	D	☐ DELETE	5.1 TITLE	1			hange Addition
NAME	RANDALL, MYRTLE		5.2 NAME				
STREET ADDRESS	988 SAINT GEORGE ST	•	5.3 STREET	ADDRESS			
CITY - ST - ZIP	ORLANDO FL	· · · · · · · · · · · · · · · · · · ·	- 5.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITLE	"   ""			hange Addition
NAME	TATE, ROSA		6.2 NAME				
STREET ADORESS	1854 IVEY LANE		6.3 STREET	ADDRESS		•	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-5	ST-ZIP			
		d with this fiting does not qualif			d in Section 119 07(3)(i) Florida Statute	s I further certi	fy that the

I formation indicated on this annual report or supplied annual 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 12 or Block 13 if changed, or on an attachment with an address.

Lemmon, Prosiden