

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90022 026 \*\*\*\*61.25

DOCUMENT # N15436

1. Corporation Name

BRIDGADETTE CLUB, INC.

Principal Place of Business  
811 LAKE MANN DRIVE  
ORLANDO FL 32805

Mailing Address  
811 LAKE MANN DRIVE  
ORLANDO FL 32805



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/17/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2889896	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

LEMMON, DOROTHY R  
312 BURLEIGH ST  
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name Myrtle J. Randall  
82 Street Address P.O. Box Number is Not Acceptable 988 Saint George Street  
83  
84 City Orlando FL 85 Zip Code 32805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Myrtle J. Randall

(NOTE: Registered Agent signature required when reinstating)

8/4/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMMON, DOROTHY R	1.2 NAME	Myrtle J. Randall
STREET ADDRESS	312 BURLEIGH ST	1.3 STREET ADDRESS	988 Saint George St
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32805
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Vice-President - Noritha Thompson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKERSON, MILDRED	2.2 NAME	Domino Dr
STREET ADDRESS	2609 LAKE SUNSET DRIVE	2.3 STREET ADDRESS	Orlando FL 32805
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Secretary - LaRone Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, RUTH D	3.2 NAME	2632 Robert Trent Jones Dr #117
STREET ADDRESS	811 W LAKE MANN DR	3.3 STREET ADDRESS	Orlando, FL 32835
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director - Ruth Price <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ELLA D.	4.2 NAME	811 W Lake Mann Dr
STREET ADDRESS	812 N. LK. MANN DR.	4.3 STREET ADDRESS	Orlando, FL 32805
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director - Rosa Tate <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, MYRTLE	5.2 NAME	1854 Ivey Lane
STREET ADDRESS	988 SAINT GEORGE ST	5.3 STREET ADDRESS	Orlando, FL 32805
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, ROSA	6.2 NAME	Ellen Dorcas Rose
STREET ADDRESS	1854 IVEY LANE	6.3 STREET ADDRESS	812 Lake Mann Dr
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando FL 32805

14. 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 annual report or supplemental 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, with all other like empowered.

SIGNATURE: Myrtle J. Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/99

Date

(407) 293-7202

Daytime Phone #

CR2E037 (5/99)