

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90026 046 ****61.25

DOCUMENT # N15436

1. Entity Name

BRIGADETTE 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2889896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOYCE J
1300 CORETTE WAY
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, JOYCE J	
STREET ADDRESS	1300 CORETTE WAY	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, LARONE	
STREET ADDRESS	2632 ROBERT TRENT DR. #119	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOKE, TREGIE	
STREET ADDRESS	408 DOMINO DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, THVEATHA	
STREET ADDRESS	3367 FITZGERALD DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, MARY	
STREET ADDRESS	5049 BERMUDA CR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, LARONE	
STREET ADDRESS	2632 ROBERT TRENT JONES DR #117	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

Joyce J. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2004 *407 295-9552*
Date Daytime Phone #