

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -3 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N15436

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112005 REIN-NP

CR2E099 (6/04)

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

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

*Joyce J. Jones*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/05

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME JONES, JOYCE J  
STREET ADDRESS 1300 CORETTE WAY  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE VD ☐ Delete  
NAME DAVIS, LARONE  
STREET ADDRESS 2632 ROBERT TRENT DR. #119  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE S ☐ Delete  
NAME COOKE, TRECIE  
STREET ADDRESS 408 DOMINO DR  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☐ Delete  
NAME WILLIAMS, THVEATHA  
STREET ADDRESS 3367 FITZGERALD DR  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☒ Delete  
NAME DAWSON, MARY  
STREET ADDRESS 5049 BERMUDA CR.  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D ☒ Delete  
NAME DAVID, LARONE  
STREET ADDRESS 6117 RALEIGH DR., APT. 607  
CITY-ST-ZIP ORLANDO, FL 32835

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100061136161  
CITY-ST-ZIP 11/03/05--01038--006 \*\*236.25

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6117 Raleigh Dr. apt 607  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Chaplin  
STREET ADDRESS Geraldine S. Brooks  
CITY-ST-ZIP 1400 Prince Phillip Dr.  
Casselberry, FL 32707

TITLE ☒ Change ☐ Addition  
NAME Historian  
STREET ADDRESS Johnnie Glover  
CITY-ST-ZIP 1135 Martin Luther King  
Orlando, FL 32805

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* Joyce J. Jones

Date

Daytime Phone #

10/11/05