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Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90226 010 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15436

1. Entity Name
BRIDGADETTE CLUB, INC.

40084317

Principal Place of Business	Mailing Address
811 LAKE MANN DRIVE ORLANDO, FL 32805	811 LAKE MANN DRIVE ORLANDO, FL 32805

04192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
JONES, JOYCE J 1300 CORETTE WAY ORLANDO, FL 32805	Name RANDALL, MYRTLE J. Street Address (P.O. Box Number is Not Acceptable) 988 SAINT GEORGE STREET City ORLANDO **FL** Zip Code 32805

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 4/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 JONES, JOYCE J 1300 CORETTA WAY ORLANDO, FL 32805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RANDALL, MYRTLE J. 988 SAINT GEORGE ST. ORLANDO, FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, LARONE 6107 RALEIGH DR APT 607 ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D COOKE, TRECIE 408 DOMINO DR. ORLANDO, FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOKE, TRECIE 408 DOMINO DR ORLANDO, FL 32805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROOKS, GERALDINE 1400 PRINCE PHILLIP DR. CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, THVEATHA 3367 FITZGERALD DR ORLANDO, FL 32805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, LORRAINE V. 6019 POWDER POST DR. ORLANDO, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BROOKS, GERALDINE S 1400 PRINCE PHILLIP DR CASSELBERRY, FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MORRISON, MARGESTINE 4267 OWENS ST. ORLANDO, FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	H GLOVER, JOHNNIE 1135 MARTIN LUTHER KING ORLANDO, FL 32805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, RUTH 811 W. LAKE MANN DR. ORLANDO, FL 32805	☒ Change ☐ 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: Myrtle J. Randall 4/24/07 (407)2937203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #