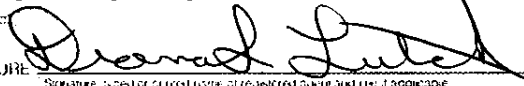
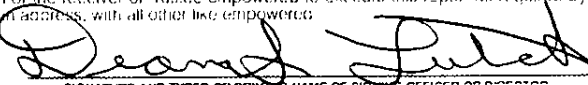


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90833 028 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N 16765			
1. Entity Name Gullaine Village Social Club, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 151 B Gullaine Blvd.		3. Mailing Address 151 B Gullaine Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar, FL		City & State Oldsmar, FL	
Zip 34677		Zip 34677	
Country US		Country US	
4. FEI Number Not Applicable		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Diana S. Lutch	
		Street Address (P.O. Box Number is Not Acceptable) 497 Lake Way	
		City Oldsmar, FL	
Zip Code 34677			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the state of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE 		DIANA S. LUTCH 4/24/07	
Signature, typed or printed name of registered agent and if not applicable		(NOTE: Registered Agent signature required when re-electing)	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
NAME Diana S. Lutch		TITLE	
STREET ADDRESS 497 Lake Way		NAME	
CITY-STATE-ZIP Oldsmar, FL 34677		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME UD Susan Van Vessel		TITLE	
STREET ADDRESS 151 B Gullaine Blvd.		NAME	
CITY-STATE-ZIP Oldsmar, FL 34677		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME SP Kathleen A. Rose		TITLE	
STREET ADDRESS 480 Trout Lane		NAME	
CITY-STATE-ZIP Oldsmar, FL 34677		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME TD JoAnn Amendola		TITLE	
STREET ADDRESS 93 Pelican Dr. N.		NAME	
CITY-STATE-ZIP Oldsmar, FL 34677		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 on an attachment with an address, with all other like empowered.			
		DIANA S. LUTCH 4/24/07	

CRS376 (12-03)