


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22169 (9)
 1. Corporation Name
EAST HILLSBOROUGH CUPIDETTES CLUB, INC.



Principal Place of Business 701 E. McDONALD RD PLANT CITY FL 33567	Mailing Address 701 E. McDONALD RD. PLANT CITY FL 33567
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3. Date Incorporated or Qualified 08/24/1987
4. FEI Number 59-2848526
Applied For Not Applicable

2. Principal Place of Business 21 6907 Seaport Avenue	2a. Mailing Address 26 P. O. Box 1662
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Temple Terrace, FL	City & State 28 Plant City, FL
Zip 24 33637	Country 25 Hillsborough
Zip 29 33564-1662	Country 30 Hillsborough

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
WRIGHT, BETTY J.
701 McDONALD ROAD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name WRIGHT, BETTY J
82 Street Address (P.O. Box Number is Not Acceptable) 6907 Seaport Avenue
83
84 City Temple Terrace
85 Zip Code FL 33637

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 *Betty J. Wright* **Betty J. Wright, President** **04/29/98**
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, BETTY J. 701 E. McDONALD ROAD PLANT CITY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWLEG, THELMA 1105 E ALABAMA ST. PLANT CITY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, SANDRA 1601 E ALABAMA STREET, APT. #403 PLANT CITY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MARION, ELOISE B. 823 SOUTH DELANEY AVENUE AVON PARK FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KITCHEN, CAROLYN A. 2205 N JOHNSON STREET PLANT CITY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIGGINS, GARDENIA D 1501 E TENNESSEE ST PLANT CITY FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D WRIGHT, BETTY J. 6907 SEAPORT AVENUE TEMPLE TERRACE FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D SWAIN, PAMELA Y. 3306 N LAKE DRIVE PLANT CITY FL 33567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Betty J. Wright* **BETTY J. WRIGHT** **4/29/98** **(813)272-5242**

CR2E037 (1097)