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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90059 020 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N22169**

1. Corporation Name

**EAST HILLSBOROUGH CUPIDETTES CLUB, INC.**

Principal Place of Business

6907 SEAPORT AVE  
 TEMPLE TERRACE FL 33637  
 US

Mailing Address

P. O. BOX 1662  
 PLANT CITY FL 33564-1662  
 US

515252 - 90059 - 20



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/24/1987

4. FEI Number

59-2848526

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

WRIGHT, BETTY J.  
 6907 SEAPORT AVE  
 TEMPLE TERRACE FL 33637

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE PD  
 NAME WRIGHT, BETTY J.  
 STREET ADDRESS 6907 SEAPORT AVE  
 CITY-ST-ZIP TEMPLE TERRACE FL 33637

TITLE VD  
 NAME SWAIN, PAMELA Y.  
 STREET ADDRESS 3306 N LAKE DR  
 CITY-ST-ZIP PLANT CITY FL 33567

TITLE D  
 NAME SULLIVAN, SANDRA  
 STREET ADDRESS 1601 E ALABAMA STREET, APT. #403  
 CITY-ST-ZIP PLANT CITY FL

TITLE RS  
 NAME MARION, ELOISE B.  
 STREET ADDRESS 823 SOUTH DELANEY AVENUE  
 CITY-ST-ZIP AVON PARK FL

TITLE TD  
 NAME KITCHEN, CAROLYN A.  
 STREET ADDRESS 2205 N JOHNSON STREET  
 CITY-ST-ZIP PLANT CITY FL

TITLE SD  
 NAME WIGGINS, GARDENIA D  
 STREET ADDRESS 1501 E TENNESSEE ST  
 CITY-ST-ZIP PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Betty J. Wright*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (813) 272-5242  
 Date Daytime Phone #

CR2E037 (11/98)