

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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



\$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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE RS ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE SD ☐ DELETE

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)