


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22169</b> 1. Entity Name EAST HILLSBOROUGH CUPIDETTES CLUB, INC.	
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Principal Place of Business 7702 W. RIVERCHASE DRIVE TEMPLE TERRACE, FL 33637 US	Mailing Address P. O. BOX 1662 PLANT CITY, FL 33564-1662 US
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DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2848526	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, BETTY J.  
7702 W. RIVERCHASE DRIVE  
TEMPLE TERRACE, FL 33637-5630

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, BETTY J. 7702 W. RIVERCHASE DRIVE TEMPLE TERRACE, FL 336375630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWAIN, PAMELA Y. 3306 N LAKE DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, SANDRA 1601 E ALABAMA STREET, APT. #403 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MARION, ELOISE B. 823 SOUTH DELANEY AVENUE AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KITCHEN, CAROLYN A. 2205 N JOHNSON STREET PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIGGINS, GARDENIA D 1501 E TENNESSEE ST PLANT CITY, FL 33566

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U00000324286  
04/22/05-80088-010 70.00

12. 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 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:** *Betty J. Wright* **Betty J. Wright, President** **4-19-05** **(813)899-1575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #