


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90026 050 ****70.00

DOCUMENT # N22169
 1. Entity Name
 EAST HILLSBOROUGH CUPIDETTES CLUB, INC.



Principal Place of Business Mailing Address
 7702 W. RIVERCHASE DRIVE P. O. BOX 1662
 TEMPLE TERRACE FL 33637 PLANT CITY FL 33564-1662
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3022 N. Avenida Republica De Cuba *P.O. Box 1662*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. 212

1st MOORE CR2E037 (10/06)

City & State City & State
Tampa, FL *Plant City FL*
 Zip Country Zip Country
33605-2614 *US* *33564-1662* *U.S.*

4. FEI Number 59-2848526 Applied For Not Applicable
 5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent
 Name *Betty J. Wright*
 Street Address (P.O. Box Number is Not Acceptable) *3022 N. Avenida Republica De Cuba*
Apt. 212
 City *Tampa* FL Zip Code *33605-2614*

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 *Betty J. Wright* DATE *4/26/07*
Signature must be printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WRIGHT, BETTY J. 7702 W. RIVERCHASE DRIVE TEMPLE TERRACE FL 33637-5630- <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SWAIN, PAMELA Y. 3306 N LAKE DR PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SULLIVAN, SANDRA 1601 E ALABAMA STREET, APT. #403 PLANT CITY FL 33566 <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 33566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WIGGINS, GARDENIA D 1501 E TENNESSEE ST PLANT CITY FL 33566 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Betty J. Wright 3022 N. Avenida Republica De Cuba, Apt. 212 Tampa, FL 33605-2614 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Evelyn Davis 2118 E. Beal Rd Plant City, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* DATE: *4-26-07* (813) 247-5896