


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ART)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N22169 1. Entity Name EAST HILLSBOROUGH CUPIDETTES CLUB, INC.	
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Principal Place of Business 3022 N. AVENIDA REPUBLICA DE CUBA APT 212 TAMPA FL 33605-2614 US	Mailing Address P. O. BOX 1662 PLANT CITY FL 33564-1662 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent WRIGHT, BETTY J. 3022 N. AVENIDA REPUBLICA DE CUBA APT 212 TAMPA FL 33605-2614	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 59-2848526	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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.

U000000885892
04/18/08-80031-017 70.00

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature is required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WRIGHT, BETTY J.
STREET ADDRESS	3022 N. AVENIDA REPUBLICA DE CUBA APT 212
CITY-ST-ZIP	TAMPA FL 33605-2614
TITLE	V <input type="checkbox"/> Delete
NAME	DAVIS, EVELYN
STREET ADDRESS	2118 E. BEAD RD
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN, SANDRA
STREET ADDRESS	1601 E ALABAMA STREET, APT. #403
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	RS <input type="checkbox"/> Delete
NAME	MARION, ELOISE B.
STREET ADDRESS	823 SOUTH DELANEY AVENUE
CITY-ST-ZIP	AVON PARK FL
TITLE	TD <input type="checkbox"/> Delete
NAME	KITCHEN, CAROLYN A.
STREET ADDRESS	2205 N JOHNSON STREET
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	SD <input type="checkbox"/> Delete
NAME	WIGGINS, GARDENIA D
STREET ADDRESS	1501 E TENNESSEE ST
CITY-ST-ZIP	PLANT CITY FL 33566

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 4-3-08 (813) 247-5896**