

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90012 008 \*\*\*\*61.25

<b>DOCUMENT # N24078</b>					
<b>1. Entity Name</b> VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED					
<b>Principal Place of Business</b> 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542    US			<b>Mailing Address</b> 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542    US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CLARK, SHEILA 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> COCHRANE, ERNEST <b>STREET ADDRESS</b> 37405 ATTICA AVENUE <b>CITY - ST - ZIP</b> ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> AKIN, CLIFTON <b>STREET ADDRESS</b> 37447 ATTICA AVE. <b>CITY - ST - ZIP</b> ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Al Daggett <b>STREET ADDRESS</b> 37538 Attica Ave. <b>CITY - ST - ZIP</b> Zephyrhills, Fl. 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> WEILER, DIXIE <b>STREET ADDRESS</b> 6929 LUM DRIVE <b>CITY - ST - ZIP</b> ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	<b>TITLE</b> V.D <b>NAME</b> Dixie Weiler <b>STREET ADDRESS</b> 6929 Lum Drive <b>CITY - ST - ZIP</b> Zephyrhills, Fl. 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> SANDERS, HERMAN <b>STREET ADDRESS</b> 6981 FORT KING RD. <b>CITY - ST - ZIP</b> ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Richard Bailey <b>STREET ADDRESS</b> 6965 Ft. King Rd. <b>CITY - ST - ZIP</b> Zephyrhills, Fl. 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> STD <b>NAME</b> CLARK, GHEILA <b>STREET ADDRESS</b> 37417 ATTICA AVENUE <b>CITY - ST - ZIP</b> ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	<b>TITLE</b> STD <b>NAME</b> Sheila Clark <b>STREET ADDRESS</b> 37417 Attica Ave. <b>CITY - ST - ZIP</b> Zephyrhills, Fl. 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> PD <b>NAME</b> MARSHALL, RAYMOND <b>STREET ADDRESS</b> 37544 ATTICA AVENUE <b>CITY - ST - ZIP</b> ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>Sheila Clark</u> Sheila Clark    3/11/08    813-783-6771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT 40046669  
# N24078

D

☒ change ☐ addition

Paul Howard

37442 Attica Ave.

Zephyrhills, Fl. 33542