## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N24514 PIPOFF CLUB, INC.					01-31-2008	_			
Principal Place 827 NW 122 NEWBERRY,	ND TERRACE	Mailing Address PO BOX 14248 GAINESVILLE, FL 32604	-2248							
	Mace of Business - No P.O. Box # 5:W, 4TH LANE	3. Mailing Address Suite, Apt. #, etc.	<del>취</del> 용		01052008	Chg-NP		37 (12/06)		
City & Stat		City & State	<u> </u>		4. FEI Number				oplied For	
NEWE	Country	Zip	Country	10 <i>H</i>	59-2870			\$8.75 Add	t Applicable litional	
32669	6. Name and Address of Current F	Paristand Agent	<del>-US#</del>					Fee Required	d	
Nam					7. Name and Address of New Registered Agent					
JETER, KARIN L PRES 2127 SW 122ND STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)						
GAINESVI	LLE, FL 32607		36	)44	S.W.~	10TH PL	ACE			
			City G	AINE	SVILLE	, ,	FL	Zip Code 3 2/0	80	
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 Auditory of reprinted name of registrory agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	when reinstating)		DATE		- 1					
	·	<del>-</del> 1			<del> </del>	<del></del>				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees			k payable to		
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Cor	ntribution.	-	Added to Fees	Floi	rida Depa	RECTORS IN	10	
10. TITLE NAME	Due by May 1, 2008	Trust Fund Cor	ntribution.	Joh	Added to Fees ADDITIONS/CHAN	Fior	rida Depa	rtment of St	ate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIR	Trust Fund Cor	11.	Jor 44	Added to Fees  ADDITIONS/CHAP  AN WOES  N.W. II	NGES TO OFFICE	rida: <b>Depa</b> FRS AND D	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR  VP STAUFFER, DAVID 3044 SW 70TH PLACE GAINESVILLE, FL 32608	Trust Fund Cor	11. TITLE NAME	Joh UH GA	Added to Fees ADDITIONS/CHAP AN WOES ONWILL AND THE SYILLE	NGES TO OFFICE	rida: <b>Depa</b> FRS AND D	RECTORS IN	10	
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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: AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR