

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90042 021 ****61.25

DOCUMENT # N25631 1. Entity Name THE CRYSTAL CLUB, INC.			
Principal Place of Business 1601 S. RIDGEWOOD PT. INVERNESS, FL 34452 US		Mailing Address PO BOX 700 INVERNESS, FL 34451 US	
2. Principal Place of Business 964 Crystal Glen Blvd.		3. Mailing Address P.O. Box 15	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Leesanto, FL		City & State Leesanto, FL	
Zip 34461		Zip 34460	
Country Citrus		Country Citrus	
4. FEI Number 59-2929758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, ERVIN E 1601 S. RIDGEWOOD PT. INVERNESS, FL 34452		7. Name and Address of New Registered Agent Name Billy I. Jarrett Street Address (P.O. Box Number is Not Acceptable) 1371 S. Brookfield Dr. City Leesanto FL Zip Code 34461	
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 <u><i>Billy Jarrett</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ERVIN E 1601 S. RIDGEWOOD PT. INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEELER, JOHN F 1632 S. REGAL PT INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, THOMAS F 609 W. HIGHLANDS BLVD INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (club) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Billy I. Jarrett 1371 S. Brookfield Dr. P Leesanto, FL 34461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (club) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rich Kucinski 1075 S. Softwind Hoop Y Leesanto, FL 34461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure (club) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barb Guthridge 1015 S. Brookfield Dr. T Leesanto, FL 34461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (club) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eileen Galazka 1131 S. Softwind Hoop S Leesanto, FL 34461		
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 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: <u><i>Billy Jarrett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	