

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30142

FILED
Jan 05, 2007
Secretary of State

Entity Name: TOMOKA DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business:

351 ANDREWS STREET
C/O ORMOND BEACH SENIOR CENTER
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

8 BROADRIVER ROAD.
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2915965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KARL H
8 BROADRIVER ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: OPPERT, DON
Address: 712 DOLPHIN HEAD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: PRES () Delete
Name: ANDERSON, KARL H
Address: 8 BROADRIVER RD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DIR () Delete
Name: RAYMOND, LIZ
Address: 156 WESTHAMPTON DRIVE
City-St-Zip: PALM COAST, FL 32164 US

Title: SEC () Delete
Name: MUELLER, JOHN
Address: 22 BAY POINT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DIR () Delete
Name: MCLEOD, PAT
Address: 161 ELLICOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECY (X) Change () Addition
Name: O'CONNELL, EDITH
Address: 2727 NORTH ATLANTIC AVE. APT. 512
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: SISINNI, NANCY
Address: 1135 GLENGAD RUN
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DIR (X) Change () Addition
Name: SMITH, EDWARD
Address: 10 BROOKWOOD COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change () Addition
Name: MCLEOD, PAT
Address: 161 ELLICOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL H. ANDERSON

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

Date