2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# N30142

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:	SECY	( ) Delete
Name:	O'CONNELL, EDITH	
Address:	2727 NORTH ATLANTIC AVE. APT. 512	
City-St-Zip:	DAYTONA BEACH, FL 32118 US	
Title:	PRES	( ) Delete
Name:	ANDERSON, KARL H	
Address:	8 BROADRIVER RD	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	DIR	( ) Delete
Name:	SISINNI, NANCY	
Address:	1135 GLENGAD RUN	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	DIR	( ) Delete
Name:	SMITH, EDWARD	
Address:	10 BROOKWOOD COURT	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VP	( ) 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:	MUELLER, JOHN C	
Address:	22 BAY POINTE DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DIR	(X) Change ( ) Addition
Name:	GRAS, RUTH E	
Address:	212 SAGE BRUSH TRAIL	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	DIR	(X) Change ( ) Addition
Name:	STEFEN, ELEANOR	
Address:	910 NEW CASTLE COURT	
City-St-Zip:	HOLLY HILL, FL 32117	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 02/24/2008

Electronic Signature of Signing Officer or Director — Date