## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30142

FILED Jan 14, 2011 Secretary of State

Entity Name: TOMOKA DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

8 BROADRIVER ROAD. 178 CONE ROAD

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

FEI Number: 59-2915965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, KARL H ROBERTS, SALLY L 8 BROADRIVER ROAD 178 CONE ROAD

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

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: SALLY L. ROBERTS 01/14/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: SECY

Name: MUELLER, JOHN C
Address: 22 BAY POINTE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: PRES

Name: ROBERTS, SALLY L Address: 178 CONE ROAD

City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DIR

 Name:
 GRAS, RUTH E

 Address:
 212 SAGE BRUSH TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174 US

Title: DIR

Name: STEFEN, ELEANOR
Address: 910 NEW CASTLE COURT
City-St-Zip: HOLLY HILL, FL 32117

Title: VP

Name: MCLEOD, PAT Address: 161 ELLICOTT DRIVE

City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby 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 all other like empowered.

SIGNATURE: SALLY L ROBERTS PRES 01/14/2011