



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90007 048 ****61.25

DOCUMENT # N32844 1. Entity Name CENTRAL FLORIDA ELECTRICAL WORKERS CLUB, INC.					
Principal Place of Business 820 VIRGINIA DR ORLANDO, FL 32803			Mailing Address 820 VIRGINIA DR ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0449789	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EGAN, JOSEPH JR.ESQ 231 EAST COLONIAL DRIVE ORLANDO, FL 32803			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREGG, LARRY 647 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bregg, John 820 Virginia Dr. Orlando, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BARTLETT, ROBERT T 820 VIRGINIA DR ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, JAMES C 820 VIRGINIA DR ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HARRY 820 VIRGINIA DR ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGLETARY, JIMMIE 820 VIRGINIA DR ORLANDO, FL 32803 <input type="checkbox"/> Delete		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"/> Delete		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 exemptions contained 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 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:  Harry Brown 2-8-06 407-896-7271 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60014527



02022006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BREGG, LARRY	
STREET ADDRESS	647 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	RS	<input type="checkbox"/> Delete
NAME	BARTLETT, ROBERT T	
STREET ADDRESS	820 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERSON, JAMES C	
STREET ADDRESS	820 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, HARRY	
STREET ADDRESS	820 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SINGLETARY, JIMMIE	
STREET ADDRESS	820 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Bregg, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	820 Virginia Dr.	
STREET ADDRESS	Orlando, FL 32803	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #