2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32844

1. Entity Name

CENTRAL FLORIDA ELECTRICAL WORKERS CLUB, INC.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

820 VIRGINIA DR ORLANDO, FL 32803 Mailing Address

820 VIRGINIA DR ORLANDO, FL 32803



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01042007 No Chg-NP

CR2E037 (4/06)

4. FEi Number 59-0449789

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EGAN, JOSEPH JR.ESQ 231 EAST COLONIAL DRIVE ORLANDO, FL 32803

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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.

Signature, typed or printed name of registered agent and little if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE VP NAME BREGG, JOHN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE RS NAME BARTLETT, ROBERT T STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE T NAME PETERSON, JAMES C STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE D NAME BROWN, HARRY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE D NAME BROWN, HARRY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE PD NAME SINGLETARY, JIMMIE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE PD NAME SINGLETARY, JIMMIE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE PD NAME SINGLETARY, JIMMIE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP		,, .,	
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12. I hereby certify that the information supplied with this filling 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 part of the empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-10-0

407-896-127

Daytime Phone #