

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 title 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREGG, JOHN 820 VIRGINIA DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BARTLETT, ROBERT T 820 VIRGINIA DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, JAMES C 820 VIRGINIA DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HARRY 820 VIRGINIA DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGLETARY, JIMMIE 820 VIRGINIA DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000598710
01/17/07-80083-022 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

407-8967271

Daytime Phone #