2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N35626

Entity Name: ARIPEKA COMMUNITY CLUB INC.

Current Principal Place of Business:

1393 OSAWA BLVD
P.O. BOX 611
ARIPEKA, FL 34679

New Principal Place of Business:

Current Mailing Address:

1393 OSAWA BLVD
P.O. BOX 611
ARIPEKA, FL 34679

New Mailing Address:

FEI Number: 59-2989475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORFLEET, JOHN
18930 KOLB PL
ARIPEKA, FL 34679 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:	P	( ) Delete
Name:	NORFLEET, JOHN	
Address:	18930 KOLB PL	
City-St-Zip:	ARIPEKA, FL 34679	
Title:	D	( ) Delete
Name:	BLEVINS, BARTH	
Address:	187 ROSEMARY RD.	
City-St-Zip:	ARIPEKA, FL 34679	
Title:	D	( ) Delete
Name:	DEVINE, DEE	
Address:	18923 ROSEMARY RD.	
City-St-Zip:	ARIPEKA, FL 34679	
Title:	D	( ) Delete
Name:	MILLEY, CATHY	
Address:	3077 SUNSET VISTA	
City-St-Zip:	ARIPEKA, FL 34679	
Title:	D	( ) Delete
Name:	MALM, LINDA	
Address:	LEBERT DR.	
City-St-Zip:	ARIPEKA, FL 34679	
Title:	D	( ) Delete
Name:	MARHSINE, TIM	
Address:	9026 PETAL COURT	
City-St-Zip:	ARIPEKA, FL 34679	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN NORFLEET P 04/12/2005

Electronic Signature of Signing Officer or Director — Date