

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35626

FILED
Apr 28, 2006
Secretary of State

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:

NORFLEET, JOHN E P
18930 KOLB PL
P. O. BOX 557
ARIPEKA, FL 34679 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: JOHN E. NORFLEET

04/28/2006

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 Chapter 119, 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 E. NORFLEET

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date