

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35626

FILED
Apr 29, 2009
Secretary of State

Entity Name: ARIPEKA COMMUNITY CLUB INC.

Current Principal Place of Business:

1393 OSOWAW BLVD
ARIPEKA, FL 34679

New Principal Place of Business:

Current Mailing Address:

1393 OSOWAW 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, WAYNE C PRES
3139 GULF DRIVE
P. O. BOX 2
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, WAYNE C
Address: 3139 GULF DRIVE, BOX 2
City-St-Zip: ARIPEKA, FL 34679

Title: VP () Delete
Name: BLEVINS, BARTH
Address: 18712 ROSEMARY RD.
City-St-Zip: ARIPEKA, FL 34679

Title: S () Delete
Name: DEVINE, DELORIS
Address: 18923 ROSEMARY RD.
City-St-Zip: ARIPEKA, FL 34679

Title: TREA () Delete
Name: NORFLEET, NANCY L
Address: 3139 GULF DRIVE
City-St-Zip: ARIPEKA, FL 34679

Title: D () Delete
Name: HILLEY, CATHY
Address: 3077 SUNSET VISTA
City-St-Zip: ARIPEKA, FL 34679

Title: D () Delete
Name: MARHEINE, 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: D (X) Change () Addition
Name: WHITE, CAROL
Address: 18930 ARIPEKA ROAD
City-St-Zip: ARIPEKA, FL 34679

I hereby certify that the information supplied with this filing does not qualify 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: NANCY L. NORFLEET

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date