2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001191

1. Entity Name
NEWFOUNDLAND CLUB OF FLORIDA, INC.

Principal Place of Business	*Mailing Address*
1200 NW 73RD TERR. OCALA, FL 34482	1200 NW 73RD TERR. OCALA, FL 34482

07072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3117287
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHERNEKAU, BILL
1200 NW 73RD TERRACE
OCALA, FL 34482

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	EADT
NAME	ALIFF, NANCY
STREET ADDRESS	8161 BLUE QUILL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	PD
NAME	SCHERNEKAU, BILL
STREET ADDRESS	1200 NW 73RD TERR
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	YAMNITZ, CHRIS
STREET ADDRESS	12421 KOZY REST LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	S
NAME	MCKINNEY, CATHY
STREET ADDRESS	12755 90TH AVENUE
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	HOFFENBERG, JANICE
STREET ADDRESS	6216 FORDHAM CIR E.
CITY-ST-ZIP	JACKSONVILLE, FL 33626
TITLE	VP
NAME	PARSONS, NANCY
STREET ADDRESS	2835 ABNEY AVENUE
CITY-ST-ZIP	ORLANDO, FL 328334308

U00000166506
07/15/04-80011-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William R Scherneklau 352.873.2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #