

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001191

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** NEWFOUNDLAND CLUB OF FLORIDA, INC.

**Current Principal Place of Business:**

3600 NW 20TH AVE.  
BELL, FL 32619

**New Principal Place of Business:**

**Current Mailing Address:**

3600 NW 20TH AVE.  
BELL, FL 32619

**New Mailing Address:**

**FEI Number:** 59-3117287      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALIFF, NANCY J  
8161 BLUE QUILL  
TALLAHASSEE, FL 32312      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIS, GERALDINE  
Address: 3600 NW 20TH AVE.  
City-St-Zip: BELL, FL 32619

Title: EX A ( ) Delete  
Name: SCHERNEKAU, BILL  
Address: 1200 NW 73RD TERR  
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete  
Name: ALIFF, NANCY  
Address: 8161 BLUE QUILL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete  
Name: WILCOX, KIMBERLY  
Address: 1631STRATCONA AVE.  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: SOWERS, JANET  
Address: 7810 4TH AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33707

**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:

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 J ALIFF

VP

07/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date