

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90076 004 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N95000001953</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>ROYAL PALM CHAPTER AACA, INC.  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>255 ALLWORTHY ST.<br>PORT CHARLOTTE, FL 33945 US  |   |  | <b>Mailing Address</b><br>P.O. BOX 380522<br>MURDOCK, FL 33938-0522 US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>5861 Battersea Ave   |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| <b>City &amp; State</b><br>North Port, FL   |   | <b>City &amp; State</b>  |  | <b>4. FEI Number</b><br>NOT APPLICABLE   |  |
| <b>Zip</b><br>34286   |   | <b>Country</b><br>US   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CARR, DAROL H. M<br>2315 AARON STREET<br>PORT CHARLOTTE, FL   |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| <b>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.</b>  |   |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  |  |  |  |
| <b>TITLE</b><br>VP  | <b>NAME</b><br>WEIDNER, CRAIG <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br>VP   | <b>NAME</b><br>Russell, Robert R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| <b>STREET ADDRESS</b><br>5861 BATTERSEA AVE   | <b>CITY-ST-ZIP</b><br>NORTH PORT, FL 34286                                | <b>STREET ADDRESS</b><br>23324 Billings Avenue   | <b>CITY-ST-ZIP</b><br>Port Charlotte, FL 33954   |  |  |
| <b>TITLE</b><br>D   | <b>NAME</b><br>LITWINAS, RICHARD <input type="checkbox"/> Delete          | <b>TITLE</b><br>D  | <b>NAME</b><br>SHARP, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>STREET ADDRESS</b><br>445 GILLOT BLVD.   | <b>CITY-ST-ZIP</b><br>PORT CHARLOTTE, FL 33981                            | <b>STREET ADDRESS</b><br>3349 Cedarwood St   | <b>CITY-ST-ZIP</b><br>Port Charlotte, FL 33948   |  |  |
| <b>TITLE</b><br>D   | <b>NAME</b><br>SIMCO, PHILIP <input type="checkbox"/> Delete              | <b>TITLE</b><br>D  | <b>NAME</b><br>Fifer, Don <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>STREET ADDRESS</b><br>3301 ARECA STREET  | <b>CITY-ST-ZIP</b><br>PUNTA GORDA, FL 33950                               | <b>STREET ADDRESS</b><br>5322 Johnson Terrace  | <b>CITY-ST-ZIP</b><br>Port Charlotte, FL 33981   |  |  |
| <b>TITLE</b><br>D   | <b>NAME</b><br>RUSSELL, ROBERT <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>D  | <b>NAME</b><br>Weidner, Craig <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>STREET ADDRESS</b><br>PO BOX 380416  | <b>CITY-ST-ZIP</b><br>MURDOCK, FL 33938                                   | <b>STREET ADDRESS</b><br>5861 Battersea Ave  | <b>CITY-ST-ZIP</b><br>North Port, FL 34286   |  |  |
| <b>TITLE</b><br>D   | <b>NAME</b><br>WAGLEY, HENRY <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>P  | <b>NAME</b><br>Ellsworth, Richard F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>STREET ADDRESS</b><br>112 COUSLEY DRIVE  | <b>CITY-ST-ZIP</b><br>PORT CHARLOTTE, FL 33952                            | <b>STREET ADDRESS</b><br>255 ALLWORTHY ST  | <b>CITY-ST-ZIP</b><br>PORT CHARLOTTE, FL 33945   |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> <u>Craig Weidner</u> <span style="float: right;">1/17/07</span>   |   |  |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  |  |  |
| <small>Date</small>   |   |  |  |  |  |
| <small>Daytime Phone #</small>  |   |  |  |  |  |