

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90036 039 \*\*\*\*70.00

**DOCUMENT # W95000005036**

1. Entity Name  
OCALA DUPLICATE BRIDGE CLUB, INC.



Principal Place of Business  
516 NE SANCHEZ AVE  
OCALA, FL 34470 US

Mailing Address  
P O BOX 6796  
OCALA, FL 34478 US

**DO NOT WRITE IN THIS SPACE**

07112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3361589	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

VIBBARD, EARL  
668 RAINBOW BLVD  
LADY LAKE, FL 32159

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LUTHER, PATTIE 5363 SW 89TH STREET OCALA, FL 34478	Jack Brick
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARR, ANNETTE 4405 NW 80TH TERRACE OCALA, FL 34402	Marc Shapezynski
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUTTAS, GERRY 4490 NW 84TH TERR OCALA, FL 344822052	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, JOHN J 8574 SW 108TH PL RD OCALA, FL 34481	David Papendick
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, HAL H 5434 100TH LOOP OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, MARY 8465 SW 109TH PL OCALA, FL 34481	Dee Manchester

**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:** David Papendick - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-05

Date

352-369-4062

Daytime Phone #