

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90023 018 ****70.00

DOCUMENT # N96000006044

1. Entity Name
WHITE CITY IMPROVEMENT CLUB, INC.

Principal Place of Business
**1006 W MIDWAY ROAD
FT PIERCE, FL 34982**

Mailing Address
**PO BOX 13145
FT PIERCE, FL 34979**

40016405



02092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2481358

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, DANIEL A
5006 OLEANDER AVE
FT PIERCE, FL 34982**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

2/9/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERRY, RONNA ☒ Delete
STREET ADDRESS 5080 W VIRGINIA DR
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE VD
NAME LINDQUIST, THERESA ☒ Delete
STREET ADDRESS 11650 APPALOOSA CT
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE SD
NAME MYSZKOWSKI, VIRGINIA ☒ Delete
STREET ADDRESS 118 ENTRADA AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE TD
NAME HAWKINS, TRACY R ☐ Delete
STREET ADDRESS 10500 W MIDWAY RD
CITY-ST-ZIP FT PIERCE, FL 34945

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Arlene Goodman
STREET ADDRESS 4412 Pressler Ln
CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE VD ☐ Change ☒ Addition
NAME Mark Keane
STREET ADDRESS 4651 Rim Ave.
CITY-ST-ZIP Ft. Pierce FL 34982

TITLE SD ☐ Change ☒ Addition
NAME Caroline York
STREET ADDRESS 1204 White Oak Ln
CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE TD ☒ Change ☐ Addition
NAME Tracy Hurta
STREET ADDRESS 10500 W. Midway Rd
CITY-ST-ZIP Ft. Pierce, FL 34945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tracy Hurta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 *772-3704125*
Date Daytime Phone #