## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N96000006044** WHITE CITY IMPROVEMENT CLUB, INC.



FILED Feb 04, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

1006 W MIDWAY ROAD FT PIERCE, FL 34982

Mailing Address

PO BOX 13145 FT PIERCE, FL 34979



DO NOT WRITE IN THIS SPACE

01222008 No Chg-NP

. CR2E037 (4/06)

4. FEI Number 59-2481358 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Ø Fee Required

6. Name and Address of Current Registered Agent

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

10.

TITLE

NAME

STREET ADDRESS

## 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 Rorida. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Recistered Agent signature required when reinstating) and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008

RUSSELL, DORRAN

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9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

> U00000816968 02/14/08-80073-023 70.00

1862 W MIDWAY RD CITY-ST-7IP FORT PIERCE, FL 34982 TITE F TD NAME **HURTA, TRACY** STREET ADDRESS 10500 W MIDWAY RD CITY-ST-ZIP FT PIERCE, FL 34945 TITLE NAME HAWKINS, ROSALIE STREET ADDRESS 4665 S 25TH ST CITY-ST-7/P FORT PIERCE, FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZIP me

OFFICERS AND DIRECTORS

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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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer 1-22.08