

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90028 046 \*\*\*\*61.25

**DOCUMENT # N97000000508**

1. Entity Name

CASCADE SOCIAL CLUB, INC.



Principal Place of Business

9790 66TH ST NORTH LOT 427  
PINELLAS PARK FL 33782

Mailing Address

9790 66TH ST NORTH LOT 427  
PINELLAS PARK FL 33782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, CHRISTINE  
9790 66TH ST NORTH LOT 427  
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

MARY MCLELLAND

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

9790 66TH ST. NORTH LOT 306

City

PINELLAS PARK

FL

Zip Code

33782

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

*Mary McLelland* TREASURER.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*March 21/05*

**FILE NOW--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	D	<input checked="" type="checkbox"/> Delete
NAME	OHARA, MARGARET	
STREET ADDRESS	9790 66TH ST. A #271	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUEHL, MARCIE	
STREET ADDRESS	9790 66TH ST N #59	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STRACHAN, GLADYS	
STREET ADDRESS	9790 66TH ST. N 201	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRZOZOWSKI, ED	
STREET ADDRESS	9790 66TH ST N # 299	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CITRO, ANNA	
STREET ADDRESS	9790 66TH ST N #233	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROSS, CHRISTINE	
STREET ADDRESS	9790 66TH ST N #63	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN ROBERTS	
STREET ADDRESS	9790 66TH ST. N #15	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT JACOBS	
STREET ADDRESS	9790 66TH ST. N LOT 56	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL BLAIR	
STREET ADDRESS	9790 66TH ST N # 72	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME.	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA WHALEN	
STREET ADDRESS	9790 66TH ST. N. # 4	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY MCLELLAND	
STREET ADDRESS	9790 66TH ST. N # 306	
CITY-ST-ZIP	PINELLAS PARK, FLORIDA 33782	

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:

*Mary McLelland*

MARY MCLELLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727.546.2727