

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001837	
1. Entity Name BT SOCIAL CLUB INC.	

Principal Place of Business 2425 HARDEN BOULEVARD LOT 162 LAKELAND, FL 33803	Mailing Address 2425 HARDEN BOULEVARD LOT 162 LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3450449	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLIMAN, FRED 2425 HARDEN BOULEVARD LOT 162 LAKELAND, FL 33803
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000034512 02/05/04-80085-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP HOLIMAN, FRED LOT 162 2425 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEINMETZ, BILL LOT 30 2425 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANGERS, ELLIE LOT 166 2425 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLIMAN, LOIS 2425 HARDEN BLVD. LOT 162 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETMORE, TOM LOT 150 2425 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, DEE LOT 76 2425 HARDEN BLVD LAKELAND, FL 33803

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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: *Fred Holiman* **1-12-04** **863-682-2613**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #