


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90002 040 \*\*\*\*61.25

<b>DOCUMENT # N97000006035</b>	
1. Entity Name TANGELO PARK GOLDEN STAR SENIOR CITIZEN CLUB OF ORLANDO, FLORIDA, INC.	

Principal Place of Business TANGELO BAPTIST CH 7001 RAVENNA AVE ORLANDO, FL 32819 US	Mailing Address 7001 RAVENNA AVE ORLANDO, FL 32819 US
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50062211



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
RICHARDSON, ANTHONY 6808 RAVENNA AVE ORLANDO, FL 32819	

7. Name and Address of New Registered Agent	
Name	Mulvett Gaines
Street Address (P.O. Box Number is Not Acceptable)	4706 Mandarin St
City	Orlando
FL	Zip Code 32819

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 <i>Mulvett Gaines</i>	DATE 8/15/05
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, ANTHONY
STREET ADDRESS	6808 RAVENNA AVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D <input type="checkbox"/> Delete
NAME	CLAYTON, ADELLE
STREET ADDRESS	4920 BIOHORN STREET
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GUSSIE, BRAY
STREET ADDRESS	7514 MANDARIN DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D <input type="checkbox"/> Delete
NAME	WHITE, PAULINE
STREET ADDRESS	7701 MANDARIN FRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Moten
STREET ADDRESS	5107 POLARIS ST.
CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen C. Denmark
STREET ADDRESS	7715 Nectar Dr.
CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Helen C. Denmark</i>	DATE 8/15/05 (407) 351-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	