2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006035

1. Entity Name
TANGELO PARK GOLDEN STAR SENIOR CITIZEN CLUB OF ORLANDO, FLORIDA, INC.

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

04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAINES, MYLVETTE
4906 MANAUTIA ST
ORLANDO, FL 32819

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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 Mylvette Gaines 6/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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05/15/06-80071-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOTEN, JAMES
STREET ADDRESS	5107 POLARIS ST
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	CLAYTON, ADELLE
STREET ADDRESS	4920 BIOHORN STREET
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	DENMARK, HELEN C
STREET ADDRESS	7715 NECTAR DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	WHITE, PAULINE
STREET ADDRESS	7701 MANDARIN FRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mylvette Gaines Mylvette Gaines 4/27/06 407 352-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #