

DOCUMENT # N99000003334

1. Entity Name

DESOTO CORRECTIONAL INSTITUTION EMPLOYEES CLUB

Principal Place of Business

Mailing Address

DESOTO CORRECTIONAL INSTITUTION
P.O. BOX 1072
ARCADIA FL 34265DESOTO CORRECTIONAL INSTITUTION
P.O. BOX 1072
ARCADIA FL 34265-1072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3576891

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, LINDA WARDEN D
13613 SE HWY 70
ARCADIA FL 34266

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NICHOLAS, PETER D	
STREET ADDRESS	3778 SE CTY RD 760	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARBER, SHIRLEY	
STREET ADDRESS	13615 SE HWY 70 BOX 3	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHARDT, AMY	
STREET ADDRESS	2933 SE JOSHUA ESTATES ST	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alicia A. Lindsay D	
STREET ADDRESS	P.O. Box 1908	
CITY-ST-ZIP	ARCADIA, FL 34265	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Rhodes D	
STREET ADDRESS	P.O. Box 1072	
CITY-ST-ZIP	ARCADIA, FL 34265	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Westberry, David D	
STREET ADDRESS	1836 N.W. TRISH	
CITY-ST-ZIP	ARCADIA, FL 34266	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Linda	
STREET ADDRESS	13613 SE Highway 70	
CITY-ST-ZIP	ARCADIA, FL 34266-7800	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR 21 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2037 (9/99)

SP