2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N99000006717

Entity Name: QUARRY CLUB OF DELTONA, FLORIDA, INCORPORATED

Current Principal Place of Business:

1633 DUBLIN RD.
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1633 DUBLIN RD.
DELTONA, FL 32738

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, ARTHUR
1633 DUBLIN RD.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MEEKS, HARRY
Address: 1093 RADFORD DR
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: DEFOE, EMANUEL
Address: 525 GAINSBORO ST.
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete
Name: BAKER, DARRYL
Address: 690 MALTBY DR.
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: MOORE, ARTHUR
Address: 1633 DUBLIN RD.
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: BRITTON, HOWARD
Address: 1108 RADFORD DR.
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: BROADHEAD, JEMMIE
Address: 592 HABROOK AV.
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR MOORE D 04/26/2005

Electronic Signature of Signing Officer or Director — Date