

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 001 \*\*\*\*61.25



**DOCUMENT # N95000005502**

1. Entity Name

**MALONE COMMUNITY CLUB, INCORPORATED**

Principal Place of Business

5186 9TH AVE  
 MALONE FL 32445  
 US

Mailing Address

P O BOX ~~25~~ 25  
 MALONE FL 32445  
 US

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

**59-3095483**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRES, NORMAN A**  
**5315 12TH STREET**  
**MALONE FL 32445**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKAY, SAMUEL	
STREET ADDRESS	4965 KILLIS RD.	
CITY-ST-ZIP	GREENWOOD FL 32443	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, NORMAN A	
STREET ADDRESS	5315 12TH ST.	
CITY-ST-ZIP	MALONE FL 32445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KERMIT	
STREET ADDRESS	P O BOX 176 (15353 12TH ST)	
CITY-ST-ZIP	MALONE FL	
TITLE		<input type="checkbox"/> Delete
NAME	Smith Kathleen	
STREET ADDRESS	P. O. Box 176	
CITY-ST-ZIP	Malone, FL 32445	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:** *Samuel McKay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #