


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 733675

1. Entity Name
 NATIVITY MEN'S CLUB OF THE CHURCH OF THE NATIVITY, INC.



Principal Place of Business
 5220 JOHNSON STREET
 HOLLYWOOD, FL 33021-5720

Mailing Address
 5220 JOHNSON STREET
 HOLLYWOOD, FL 33021-5720

DO NOT WRITE IN THIS SPACE



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-1649528

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES
 5220 JOHNSON STREET
 HOLLYWOOD, FL 33021

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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 _____
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, 2008

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

000000952639
 06/04/08-80088-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT BUONOMO, CARL 5030 POLK STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID IVANOFF, PETER 4801 JACKSON ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASPANELLO, JOHN 3815 CLEVELAND ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JAMES 5441 BUCHANAN STREET HOLLYWOOD, FL 33021
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: *Carl Buonomo*) **CARL BUONOMO** **4-17-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #