

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765906

FILED
Jan 22, 2008
Secretary of State

Entity Name: EASTPOINTE COUNTRY CLUB CHARITY FUND, INC.

Current Principal Place of Business:

13535 EASTPOINTE BLVD.
PALM BEACH GARDENS, FL 334181414

New Principal Place of Business:

Current Mailing Address:

13535 EASTPOINTE BLVD.
PALM BEACH GARDENS, FL 334181414

New Mailing Address:

FEI Number: 59-2252755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUIRE, TRENT
13535 EASTPOINTE BLVD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

SHELDON, DAVID
13535 EASTPOINTE BLVD
PALM BEACH GARDENS, FL 33418 US

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: DAVID SHELDON

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANELOVEG, HERBERT
Address: 6486 BRANDON STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete
Name: GOLDSTEIN, HOWARD
Address: 13257 BONNETTE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD (X) Delete
Name: GRIMPEL, BARBARA
Address: 843 OAK HARBOUR DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: SD (X) Delete
Name: KARLIN, RUTH
Address: 221 OCEAN GRANDE BLVD. APT 509
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ALEXANDER, AILEEN
Address: 13535 EASTPOINTE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TREA (X) Change () Addition
Name: BOYD, PAT
Address: 13535 EASTPOINTE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 exemption stated 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 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: AILEEN ALEXANDER

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date