2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N05000000291

Entity Name: G.G.O. SOCIAL CLUB, INC.

Current Principal Place of Business:

6038 GRAND OAKS DR. SE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6038 GRAND OAKS DR. SE
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-2411334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHALEN, BETTY
6016 GRAND OAKS DR
WINTER HAVEN, FL 33884 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: WHALEN, BETTY
Address: 6016 GRAND OAKS DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: THESIER, ALICE
Address: 6025 GRAND OAKS DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: ROBERTS, BECKY
Address: 6231 KNOTTY PINE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: KRICKL, BETTY
Address: 6060 SOUTHERN OAKS DR, S.E.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: GLOWACKI, PHYLLIS
Address: 6137 GRAND OAKS DR..
City-St-Zip: WINTER HAVEN, FL 33884

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: BETTY KRICKL D 02/06/2009

Electronic Signature of Signing Officer or Director — Date