

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000526

FILED
Apr 14, 2009
Secretary of State

Entity Name: RORAIMA CRICKET CLUB INC.

Current Principal Place of Business:

2258 BLOSSOMWOOD DR
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2258 BLOSSOMWOOD DR
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-4118799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRAM, GANGADEEN
2258 BLOSSOMWOOD DR
OVIEDO, FL 32765 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: P () Delete
Name: SEEOBIN, CLEMENT
Address: 2921 EAST WACO DR.
City-St-Zip: DELTONA, FL 32738

Title: SEC () Delete
Name: GANGADEEN, PATRAM
Address: 2258 BLOSSOMWOOD DR
City-St-Zip: OVIEDO, FL 32765

Title: TRE () Delete
Name: SEEOBIN, REGINALD
Address: 1631 RED CEDAR CT
City-St-Zip: ORLANDO, FL 32818

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:

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: GANGADEEN PATRAM

MR

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date