

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N22690

Entity Name: NEWCOMERS CLUB OF CORAL SPRINGS, INC.

Current Principal Place of Business:

5036 NW 98 WAY
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 8397
NEWCOMERS CLUB OF CORAL SPRINGS INC
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 65-0016048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSADO, ELIZABETH
5036 NW 98 WAY
CORAL SPRINGS, FL 33076 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: ROSADO, ELIZABETH
Address: 5036 NW 98 WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: GEZZER, JAYNE
Address: 4903 NW 101 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP (X) Delete
Name: FRIEDLER, ELLEN
Address: 4841 NW 124 WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S () Delete
Name: LISLE, JANIS
Address: 7155 NW 110 AVENUE
City-St-Zip: PARKLAND, FL 33076

Title: T () Delete
Name: SPRUSANSKY, SUE
Address: 9817 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PARL (X) Delete
Name: COYNER, BELINDA
Address: 12241 NW 73 STREET
City-St-Zip: PARKLAND, FL 33067

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:

Title: () Change () Addition
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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: ELIZABETH ROSADO

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date