2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N24731

Entity Name: FRIENDSHIP CLUB OF WARM MINERAL SPRINGS, INC.

Current Principal Place of Business:

12125 WARM MINERAL SPRINGS DRIVE
WARM MINERAL SPRINGS, FL 34287

New Principal Place of Business:

Current Mailing Address:

PO BOX 7693
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0093860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANIZAJ, JOSEPH
234 SAN MARCO AVE.
WARM MINERAL SPRINGS, FL 34287 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: KNAPP, MARGARETE
Address: 5379 BARLOW TERR
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Delete
Name: ZELENT, HENRY
Address: 842 OHIO CT
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD ( ) Delete
Name: KNAPP, ERNST
Address: 5379 BARLOW TERRACE
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Delete
Name: ROTH, ERIKA
Address: 12306 ALTA MIRA
City-St-Zip: WARM MINERAL SPRINGS, FL 34287

Title: D ( ) Delete
Name: JAROS, KARL
Address: 219 SAN JUAN DRIVE
City-St-Zip: WARM MINERAL SPRINGS, FL 34287

Title: DS ( ) Delete
Name: WECKER, SHIRLEY
Address: 6834 AMOCO
City-St-Zip: WARM MINERAL SPRINGS, FL 34287

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
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: MARGARETE KNAPP P 01/29/2009
Electronic Signature of Signing Officer or Director — Date