

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2009
Secretary of State**

DOCUMENT# N95000004339

Entity Name: NEW YORK SOCIAL CLUB OF PALM COAST, INC.

Current Principal Place of Business:

ITALIAN-AMERICAN CLUB
45 OLD KINGS RD.
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353519
PALM COAST, FL 321353519 US

New Mailing Address:

FEI Number: 65-0191133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMUSO, SALVATORE
47 N. RIVERWALK DRIVE
PALM COAST, FL 32137 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: T () Delete
Name: AMUSO, SAL
Address: 47 N. RIVERWALK DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: SIEGFRIED, MARY
Address: 33 WELLER LANE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: ROMUSH, RAY
Address: P.O BOX 353668
City-St-Zip: PALM COAST, FL 32135

Title: S () Delete
Name: AMUSO, JUDY
Address: 47 N RIERWALK DR
City-St-Zip: PALM COAST, FL 32137

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:

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: SALVATORE AMUSO

T

02/07/2009

Electronic Signature of Signing Officer or Director

Date