

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736931

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE PARADISE SHORES SOCIAL AND SERVICE CLUB, INC.

Current Principal Place of Business:

5230 81ST ST NORTH
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5230 81ST ST NORTH
ST PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-1689504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIEMI, JOAN
5246 N 81 ST #17
ST PETERSBURG, FL 33709 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: SMALLEY, ELTON B.
Address: 5286 81ST STREET NORTH, APT. #9
City-St-Zip: ST. PETERSBURG, FL

Title: P () Delete
Name: NIEMI, JOAN
Address: 5246 N 81 ST #17
City-St-Zip: ST PETERSBURG, FL

Title: S () Delete
Name: SCHOMER, ORA
Address: 5267 81ST ST N
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: RYAN, LINDA
Address: 5286 81ST N., APT #9
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: BOHNE, VIRGINIA
Address: 5246 81ST NOR, APT 16
City-St-Zip: ST PETERSBURG, FL

Title: VP () Delete
Name: LOPEZ, PETER
Address: 5246 N. 81ST N. , APT #14
City-St-Zip: SAINT PETERSBURG, FL 33709

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: PETER LOPEZ

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date