

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719950

FILED
Feb 06, 2008
Secretary of State

Entity Name: THE HEMISPHERES SOCIAL CLUB, INC.

Current Principal Place of Business:

C/O DOROTHY ROSS
1985 S. OCEAN DR 5N
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

C/O DOROTHY ROSS
1985 S. OCEAN DR 5N
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 23-7313568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DOROTHY
1985 SOUTH OCEAN DRIVE
APT # 5N
HALLANDALE BEACH, FL 33009 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: PD () Delete
Name: ROSS, DOROTHY,
Address: 1985 S .OCEAN DR.,APT 5N
City-St-Zip: HALLANDALE, FL 33009

Title: VD () Delete
Name: SINGER, HERB,
Address: 1950 S. OCEAN DR.APT 16B
City-St-Zip: HALLANDALE, FL 33009

Title: VDVP (X) Delete
Name: FRANK, BELLE
Address: 1950 S OCEAN DR #12E
City-St-Zip: HALLANDALE, FL 33009

Title: VD () Delete
Name: LEITSTEIN, JEANNE
Address: 1950 S OCEAN DR 17-E
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: SINGER, EVE
Address: 1950 S. OCEAN DRIVE, APT. 16B
City-St-Zip: HALLANDALE, FL 33009

Title: SD (X) Delete
Name: KAUFMANN, EDYTHE
Address: 1980 S OCEAN DR APT 20F
City-St-Zip: HALLANDALE, FL 33009

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: DOROTHY ROSS

PD

02/06/2008

Electronic Signature of Signing Officer or Director

Date