

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720583

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE SINGLES' DANCE CLUB OF THE PALM BEACHES, INC.

Current Principal Place of Business:

P. O. BOX 15993
W PALM BEACH, FL 334065238

New Principal Place of Business:

1317 FLORIDA MANGO ROAD
W PALM BEACH, FL 33406

Current Mailing Address:

P. O. BOX 15993
W PALM BEACH, FL 334065238

New Mailing Address:

FEI Number: 59-2392257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEASE, LORRAINE R
341 GREENBRIER DR
PALM SPRINGS, FL 33461 US

Name and Address of New Registered Agent:

PEASE, LORRAINE R
341 GREENBRIER DR
PALM SPRINGS, FL 334611824 US

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: _____

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ZUBICKI, IRENE
Address: 8549 BEACON HILL RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: PEASE, LORRAINE R
Address: 341 GREENBRIER DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: VP () Delete
Name: KANE, ANNE
Address: 112 LAKE PINE CR D-1
City-St-Zip: GREENACRES CITY, FL 33463

Title: P () Delete
Name: PEASE, LORRAINE R
Address: 341 GREENBRIER DR
City-St-Zip: LAKE WORTH, FL 334611824

Title: SD (X) Delete
Name: HICKS, MARY
Address: 4687 EMPIRE WAY
City-St-Zip: GREENACRES CITY, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WHITE, ROBERT
Address: P. O. BOX 243232
City-St-Zip: BOYNTON BEACH, FL 33424

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HICKS, MARY
Address: 4687 EMPIRE WAY
City-St-Zip: GREENACRES CITY, FL 33463

Title: P (X) Change () Addition
Name: COMBS, YVONNE
Address: 1110 GREENPINE BLVD. #B-1
City-St-Zip: WEST PALM BEACH, FL 33409

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: LORRAINE R. PEASE

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date