2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727677

Address:

Title:

Name:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

City-St-Zip:

6000 SW 55TH ST

DAVIE, FL 33314

8381 SW 39TH CRT

DAVIE, FL 33328

MERINGER, MATT

HOLLYWOOD, FL 33312

3137 N 41ST CT.

OWEN, LEE

() Delete

() Delete

Entity Name: MEN'S CLUB OF ST. MAURICE, INC.

FILED Feb 01, 2004 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	LING ROAD ACH, FL 3331	2				
Current Mailing Address:			New Maili	New Mailing Address:		
	LING ROAD ACH, FL 3331	2				
FEI Number: 05-0219100 FEI Number Applied For () FE		FEI Number Not App	icable()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
5790 S W	NEY, SHELDO 130TH AVENU JDERDALE, FI	JE				
	named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SIMONETTI, FF 5140 SW 40TH		Title: Name: Address: City-St-Zip:	VP (SIMONETTI, I 202 S.E. 10TI DANIA, FL 33	H ST. #405	
Title: Name: Address: City-St-Zip:	P () GOMBAR, STE 1220 ADAMS S HOLLYWOOD,	т	Title: Name: Address: City-St-Zip:	P (NAPOLEON, 9501 N. HEAT MIRAMAR, FL	THER LANE	
Title: Name: Address: City-St-Zip:	S () ALEXANDER, I 1738 PLUNKET HOLLYWOOD,	T ST	Title: Name: Address: City-St-Zip:	KENNETH, M 2720 NE 8TH		
Title: Name:	T () MARRALE, MIK	Delete Œ	Title: Name:	S (MARRALE, M	X) Change ()Addition IKE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

6000 SW 55TH ST

DAVIE, FL 33314

GRUBBE, ROBERT

3847 CIRCLE DRIVE #17

HOLLYWOOD, FL 33021

(X) Change () Addition

() Change () Addition

SIGNATURE: KENNETH A. MAJESKI T 02/01/2004