## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

1. Entity Name	MENT # 733518 DE CLUB, INC.					01-22-200	08 90085 (	)17 ****6	1.25
4615 LEXINGTON AVE		Mailing Address P 0 BOX 7056 JACKSONVILLE, FL 3223			40008401				
2. Principal Pl	tace of Business - No P.O. Box #	3. Mailing Address				Har indi etibi hedi	IM KEN SEN 112	H OLEK DIEK CUDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008	Chg-NP	CR2E03	37 (12/06)		
City & State	9	City & State			4. FEI Number 59-1830	595	<del></del>	<u></u>	plied For t Applicable
Zip Country		Zip	Country		5. Certificate o			\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent	1		7. Name and A			Fee Required	<u></u>
	O. Tentile propressions or Contonic	Tropostato Agent	Name	1					
HARTSCH 7952 FALC	LAG, ANNE H ON ST		Stree	Address	P.O. Box Number	is Not Accepta	ble)		· · · · · ·
JACKSON	VILLE, FL 32244				<del></del>		·		
	* Yes		City		- 4		FL	Zip Code	<del></del>
O The share	named entity submits this statement for	with a reason of abanding its	ragiotarad office	or raginta	rod agent, or both	in the State of		familiar with	and accept
	named entity submits this statement to ions of registered agent.	ir me purpose or changing its r	egistereu omce	or registe	red agent, or both	, FI II IE SIELE OI	POSTCIAL TRAIT	ican innon wien,	aria accept
į	an . 4/.+.	10.	1/2	at a	l laa		1-18-08		
SIGNATURE S	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		<del></del>
· · · · · · · · · · · · · · · · · · ·	Fin - F- i- 604 25	9. Election Cam	paign Financing	·······	\$5.00 May Be		Make check	c payable t	,
.4	Filing Fee is \$61.25 Due by May 1, 2008		ontribution.	′ □	Added to Fees	F	lorida Depar		
	Dec by may 11 2000	i ildsirand d			710000 10 7 000	I			
10.	7 OFFICERS AND DI		11.		ADDITIONS/CHA		CERS AND DI	RECTORS IN	
10.	OFFICERS AND DI		TITLE	30	ADDITIONS/CHA	NGES TO OFFI		RECTORS IN	
TITLE NAME	OFFICERS AND DI	RECTORS	TITLE NAME	30	ADDITIONS/CHA	NGES TO OFFI			10
TITLE NAME STREET ADDRESS	OFFICERS AND DI  OP RICHARDSON, JAMES 10327 DENTON RD	RECTORS	TITLE	DP Nel:	son, Ronal	nges to office	t. Dr.		10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI  DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226	RECTORS	TITLE NAME STREET ADDRES CITY-ST-ZIP	DP Nel: 5ac	additions/cha son, Ronaul of Confedi cksonvill	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210		10
TITLE NAME STREET ADDRESS	OFFICERS AND DI  OP RICHARDSON, JAMES 10327 DENTON RD	RECTORS	TITLE NAME STREET ADDRES	DP Nel: 5ac	additions/cha son, Ronaul of Confedi cksonvill	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210		10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI  DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP	RECTORS	TIFLE NAME STREET ADORES CITY-ST-ZIP TIFLE NAME STREET ADORES	DP Nel: 5ac	additions/cha son, Ronaul of Confedi cksonvill	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210		10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI  DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226  DVP CUMMINGS, ANITA	RECTORS	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	DP Nel: 5ac	son, Ronal	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210	Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS	RECTORS	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	DP Nel: 5ac	additions/cha son, Ronaul of Confedi cksonvill	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210		10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI  DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226  DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205  DS NELSON, JONI	RECTORS  E Delete  C Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	BY Sac By 12 Sac By 12 Sac	additions/cha son, Ronaul of Confedi cksonvill	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210	Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS	RECTORS  E Delete  C Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	BY Sac By 12 Sac By 12 Sac	additions/cha son, Ronaul of Confedi cksonvill	NGES TO OFFIL ld erate Pr e Fl	f. Dr. 32210	Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR	RECTORS  E Delete  C Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  JITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES STREET ADDRES	DP Nel: Sac Sac By 42 Sac Sac	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210	RECTORS     Z   Delete    Q   Delete    Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	DP Nel: Sac Sac By 42 Sac Sac	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET	RECTORS     Z   Delete    Q   Delete    Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  JITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES	DP Nel: Sac Sac By 42 Sac Sac	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205	RECTORS    Mild   Delete   Delete   Delete   Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	DP Nel: Sac Sac By 42 Sac Sac	additions/cha son, Ronaul of Confedi cksonvill	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205 DT	RECTORS     Z   Delete    Q   Delete    Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE	DP Nel: Sac Sac By 42 Sac Sac	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205	RECTORS    Mild   Delete   Delete   Delete   Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	PP Nel: Sac By 42 Sac Sac Sm Sm	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205 DT HARTSCHLAG, ANNE	RECTORS    Mild   Delete   Delete   Delete   Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  JITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME	PP Nel: Sac By 42 Sac Sac Sm Sm	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205 DT HARTSCHLAG, ANNE 7952 FALCON ST	RECTORS    Mild   Delete   Delete   Delete   Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  JITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES STREET ADDRES	PP Nel: Sac By 42 Sac Sac Sm Sm	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change  Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205 DT HARTSCHLAG, ANNE 7952 FALCON ST	RECTORS    Mild   Delete   Delete   Delete   Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME	PP Nel: 52 Sac Sac Sac Sac Sac Sac Sac Sac	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change  Change	10 Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP RICHARDSON, JAMES 10327 DENTON RD JACKSONVILLE, FL 32226 DVP CUMMINGS, ANITA 5528 GILMORE ST JACKSONVILLE, FL 32205 DS NELSON, JONI 4207 CONFEDERATE PT DR JACKSONVILLE, FL 32210 DBM BYRD, DONNA 4216 QUINCY STREET JACKSONVILLE, FL 32205 DT HARTSCHLAG, ANNE 7952 FALCON ST	RECTORS    Mild   Delete   Delete   Delete   Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP  JITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE	PP Nel: 52 Sac Sac Sac Sac Sac Sac Sac Sac	additions/cha son, Ronaul of Confede exsonvilled, rd, Donn 16 Quine, exsonville	nges to office Pare Pare Pare Pare Pare Pare Pare Par	f. Dr. 32210	Change  Change  Change	Addition  Addition  Addition  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:			
0.0.0.0.0.1.	BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytima Phone #