2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 733675

1. Entity Name

NATIVITY MEN'S CLUB OF THE CHURCH OF THE NATIVITY, INC.



FILED Jun 02, 2008 08:00 AM Secretary of State

Principal Place of Business

5220 JOHNSON STREET HOLLYWOOD, FL 33021-5720 Mailing Address

5220 JOHNSON STREET HOLLYWOOD, FL 33021-5720



03062008 No Chg-NP

CR2E037 (4/06)

Fee Required

	 \$8.75 Additional			
59-1649528		Not Applicable		
4. FEI Number		Applied For		

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES 5220 JOHNSON STREET HOLLYWOOD, FL 33021

(SIGNATURE:

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							•				
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	Innurable (NOTE: Registered Ager	nt signature	required when reinstation)		DATE			_		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
	Filing Fee is \$61.25 Due by May 1, 2008	 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees		000952635 08-80088-	•	61.25			
10.	OFFICERS AND DIRECT	ORS									
TITLE NAME STREET ADORESS CITY-ST-ZIP	VDT BUONOMO, CARL 5030 POLK STREET HOLLYWOOD, FL 33021				e e e e e e e e e e e e e e e e e e e			,	•		
TITLE NAME STREET AODRESS CITY-ST-ZIP	S\D IVANOFF, PETER 4801 JACKSON ST. HOLLYWOOD, FL 33021								. `		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASPANELLO, JOHN 3815 CLEVELAND ST HOLLYWOOD, FL 33021			DO	NOT	WRITE		,	.5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JAMES 5441 BUCHANAN STREET HOLLYWOOD, FL 33021			. IN	THIS	SPACE			*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					:	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
indicated of the cor	ertify that the information supplied with this filin on this report or supplemental report is true and poration or the receiver or trustee empowered to or on an attachment with an additions with all of	d accurate and that my signature si b execute this report as required by	hall have	e the same legal effec	t as if made un-	der oath: that I a	m an offi	ider or direc	ctor		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)