2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2009
Secretary of State

DOCUMENT# 737312

Entity Name: APOPKA MEN'S BUSINESS CLUB, INC.

Current Principal Place of Business:

44 W 10 ST
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

44 W 10 ST
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-1722633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIN, ROSCOE
118 WEST 8TH STREET
APOPKA, FL 32703 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:	CM	( ) Delete
Name:	GRIFFIN, ROSCOE	
Address:	118 WEST 8TH STREET	
City-St-Zip:	APOPKA, FL 32703	
Title:	TD	( ) Delete
Name:	BECKETT, CHESTER	
Address:	319 W 17TH ST	
City-St-Zip:	APOPKA, FL 32703	
Title:	SD	( ) Delete
Name:	SULLIVAN, ERNEST	
Address:	13 W HAMMON DRIVE	
City-St-Zip:	APOPKA, FL 32703	
Title:	VPD	( ) Delete
Name:	GRIFFIN, JAMES	
Address:	235 W 10TH ST	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	NELSON, CURTIS	
Address:	3289 JANET STREET	
City-St-Zip:	APOPKA, FL 32712	
Title:	PD	( ) Delete
Name:	ROSCOE GRIFFIN JR	
Address:	6620 POMEROY CIRCLE	
City-St-Zip:	ORLANDO, FL 32810	

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
Name:	
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: ROSCOE GRIFFIN SR PD 06/07/2009

Electronic Signature of Signing Officer or Director — Date