2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2008 8:00 am **DOCUMENT # 738491** Secretary of State 1. Entity Name 02-27-2008 90019 044 ****61.25 THE REBOS CLUB, INC. Principal Place of Business Mailing Address 130 NORMANDY ROAD CASSELBERRY FL 32707 130 NORMANDY ROAD CASSELBERRY FL 32707 2. Principal Place of Business - No P.O. Boy # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1718905 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWE, BERNARD JR Street Address (P.O. Box Number is Not Acceptable) 130 NORMANDY ROAD CASSELBERRY FL 32707 City Zip Code 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 the diapplicable (NOTE: Registered Agent pigaseure regigned when reinstaurig) CATE FILE NOW: FEE IS S61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008-Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Delate Change Addition HOWE, BERNARD JR. NAME NAME 510 GEORGIA AVENUE STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE ☐ Change Addition TRABER, DEE MAME NAME 353 E. ORANGE ST. STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP CITY-ST-ZIP THIE Delete TITLE Change Addition NAME STEDING, MICHAEL D NAME 515 PRESTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KINSEY, TED NAME NAME 514 MAJORCA AVE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition AMERAUNT, FRED NAME NAME STREET ACCRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZiP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered.

SIGNATURE:

id Manuall Free J. Amerault

2/8/08

467-830-8882

FILED