

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739378

FILED
Mar 04, 2009
Secretary of State

Entity Name: KENDALL CAMERA CLUB, INC.

Current Principal Place of Business:

P. O. BOX 56-0042
MIAMI, FL 332560042 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 56-0042
MIAMI, FL 335267042

New Mailing Address:

FEI Number: 26-1544912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFEL, NEIL
3300 UNIVERSITY DRIVE
SUITE 604
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

WYLIE, SHARON PRES.
11515 SW 135 CT.
MIAMI, FL 33186 US

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: SHARON WYLIE

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCHAFFEL, NANCY
Address: 9983 N. W. 64TH COURT
City-St-Zip: PARKLAND, FL 33076

Title: P () Delete
Name: THOMAS, LORRAINE
Address: 600 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: WYLIE, SHARON
Address: 11515 S. W. 135TH COURT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: KARAFEL, ROBERT
Address: 12650 S. W. 82ND AVENUE
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: LEE, SUSAN
Address: 7141 S. W. 56TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: SHAPIRO, YEVETTE
Address: 7345 S. W. 109TH TERRACE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: STEVENS, ADA
Address: 13648 SW 119TH AVE.
City-St-Zip: MIAMI, FL 33186

Title: SEC. (X) Change () Addition
Name: FLEURE, MAGGIE
Address: 12525 SW 28TH STREET
City-St-Zip: MIAMI, FL 33175

Title: TRES (X) Change () Addition
Name: MCKNIGHT, JOHN
Address: 14844 SW 97 COURT
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCOTT, EUGENE
Address: 17010 SW 77 AVE.
City-St-Zip: MIAMI, FL 33157

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: JOHN MCKNIGHT

TRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date