


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 036 ****61.25

DOCUMENT # 739859 1. Entity Name THE MASSACHUSETTS CLUB INC.	
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Principal Place of Business 2039 HILO DRIVE HOLIDAY FL 34691 US	Mailing Address 2039 HILO DRIVE LOT 18 HOLIDAY FL 34691 US
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 4018 Ashley Court Suite, Apt. #, etc.	3. Mailing Address 4018 Ashley Court Suite, Apt. #, etc.
City & State Holiday, FL	City & State Holiday, FL
Zip 34691	Country Pasco

4. FEI Number 59-2972226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STASKIEWICZ, GRACE 2039 HILO DRIVE HOLIDAY FL 34691	7. Name and Address of New Registered Agent Name CHAMBERS, JUNE S. Street Address (P.O. Box Number is Not Acceptable) 4018 Ashley Court City Holiday FL Zip Code 34691
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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 <i>June S. Chambers</i> June S. Chambers, Treas. 02/12/07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
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12. I hereby 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 attachment with an address, with all other like empowered.
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SIGNATURE: <i>June S. Chambers</i> June S. Chambers <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02/12/07 727 942 6037 <small>Date Daytime Phone #</small>
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