2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 739859

Entity Name: THE MASSACHUSETTS CLUB INC.

Current Principal Place of Business:

4018 ASHLEY CT.
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

4018 ASHLEY CT.
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 59-2972226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBERS, JUNE S
4018 ASHLEY CT.
HOLIDAY, FL 34691 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:	SD	( ) Delete
Name:	COFFEY, NANCY	
Address:	4823 CRESTKNOLL LN	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	VD	( ) Delete
Name:	THOMAS, COFFEY	
Address:	4823 CRESTKNOLL LANE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	PP	( ) Delete
Name:	PITTSLEY, DON	
Address:	11130 MERGANSER WAY	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	TD	( ) Delete
Name:	CHAMBERS, JUNE S	
Address:	4018 ASHLEY CT.	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	P	( ) Delete
Name:	CHAMBERS, RICHARD J	
Address:	4018 ASHLEY CT.	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	D	( ) Delete
Name:	O'CONNOR, CAROLINE	
Address:	6031 BISCAYA AVE.	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

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:	P	(X) Change ( ) Addition
Name:	CHAMBERS, JOHN R	
Address:	4018 ASHLEY CT.	
City-St-Zip:	HOLIDAY, FL 34691	
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: JUNE S. CHAMBERS TREA 01/08/2009

Electronic Signature of Signing Officer or Director — Date