

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744432

FILED
Mar 06, 2008
Secretary of State

Entity Name: SUNSHINE STATE ARABIAN CLUB, INC.

Current Principal Place of Business:

12201 S.W. 51ST ST
MIAMI, FL 33175 US

New Principal Place of Business:

4349 MARSH ROAD
DELAND, FL 32724 US

Current Mailing Address:

12201 S.W. 51ST ST
MIAMI, FL 33175 US

New Mailing Address:

4349 MARSH ROAD
DELAND, FL 32724 US

FEI Number: 59-1963832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMM, DOREE
12201 S.W. 51ST ST
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

LAMM, DOREE
4349 MARSH ROAD
DELAND, FL 32724 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: DOREE LAMM

03/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SHEEHE, PHILLIP
Address: 6440 SW 114 ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: LAMM, DOREE,
Address: 7716 SW 56 AVE #1
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: LANGFORD, LIZ
Address: 12201 S.W. 51 ST.
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: STEINBERG, MARLENE
Address: 8301 SW 92 TERR
City-St-Zip: MIAMI, FL

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:

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: DOREE LAMM

SD

03/06/2008

Electronic Signature of Signing Officer or Director

Date