

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746540

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE GENTS CLUB, INC.

Current Principal Place of Business:

1401 NW F PLACE
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 914
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0162502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYAL, ALPHONSO M
1401 NW F PLACE
BELLE GLADE, FL 33430 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: VD () Delete
Name: CRETENDEN, MELTON
Address: 112 TIMBER RUN
City-St-Zip: W PALM BCH, FL

Title: SD () Delete
Name: ROYAL, ALPHONSO M
Address: 1401 NW F PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: PSD () Delete
Name: EVERETT, JOEL
Address: 331 E. 2ND ST
City-St-Zip: PAHOKEE, FL 33476

Title: T () Delete
Name: JONES, LARRY,
Address: 525 SW 3RD STREET
City-St-Zip: BELLE GLADE, FL

Title: PD () Delete
Name: FOSTER, CORNELIUS
Address: 584 SW 10TH ST.
City-St-Zip: BELLE GLADE, 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:

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: ALPHONSO ROYAL

SD

04/24/2007

Electronic Signature of Signing Officer or Director

Date