


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90045 035 ****61.25

DOCUMENT # 755513					
1. Entity Name DALE VILLAGE SOCIAL CLUB, INC.					
Principal Place of Business 4901 S.W. 27TH COURT PEMBROKE PARK, FL 33023			Mailing Address 4901 S.W. 27TH COURT PEMBROKE PARK, FL 33023		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAROIS, MIREILLE 4901 S.W. 27TH COURT PEMBROKE PARK, FL 33023				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERARD, MARCEL		NAME	DECELLES MARCEL	
STREET ADDRESS	4901 SW 25 CT		STREET ADDRESS	4940 SW 28 STREET	
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIER, HENRI		NAME	FORTIER, HENRI	
STREET ADDRESS	5051 SW 25 COURT		STREET ADDRESS	5051 SW 25 COURT	
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIOLET, ANDRE		NAME		
STREET ADDRESS	2791 SW 51 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRY, MIREILLE		NAME		
STREET ADDRESS	4880 SW 25 COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLES, BOURBONNAIS		NAME	DRAPEAU, Nicole	
STREET ADDRESS	4894 SW 25TH COURT		STREET ADDRESS	2796 SW 49 AVENUE	
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEL, LOUISETTE		NAME		
STREET ADDRESS	4860 SW 26 STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u>Andre Diolet Pres</u>		01/20/05		954-963-3732	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
OFFICE 954-987-9471					

40000008



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0119026 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIOLET, ANDRE	
STREET ADDRESS	2791 SW 51 AVE	
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STREET ADDRESS	4860 SW 26 STREET	
CITY-ST-ZIP	PEMBROKE PARK, FL 33023	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Andre Diolet Pres 01/20/05 954-963-3732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICE 954-987-9471