2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# 756890

Entity Name: FLORIDA ALFA CLUB, INC.

Current Principal Place of Business:

% OSTEEN D. GREENE
1410 PINEAPPLE LANE
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

% OSTEEN D. GREENE
1410 PINEAPPLE LANE
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 59-3081442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREENE, OSTEEN D.
1410 PINEAPPLE LANE
CLEARWATER, FL 33759 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: P ( ) Delete
Name: CORREA, DELSON
Address: 5016 12TH. AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D ( ) Delete
Name: CHIP, DENYKO
Address: 10240 PARSONS ST.
City-St-Zip: TAMPA, FL 33615

Title: ST ( ) Delete
Name: GREENE, MARGARET H
Address: 1410 PINEAPPLE LANE
City-St-Zip: CLEARWATER, FL 33759

Title: V ( ) Delete
Name: RADY, JOHN
Address: 930 BRITTON ST.
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete
Name: GREENE, OSTEEN D.,
Address: 1410 PINEAPPLE LANE
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete
Name: PICOT, JOHN
Address: 1545 FOXCRAFT DR. W.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RADY, JOHN
Address: 930 BRITTON ST.
City-St-Zip: LARGO, FL 33770

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CORREA, DELSON
Address: 5016 12TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: V (X) Change ( ) Addition
Name: GREENE, OSTEEN D.,
Address: 1410 PINEAPPLE LANE
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET GREENE ST 03/06/2007

Electronic Signature of Signing Officer or Director — Date