

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759878

FILED
Jan 26, 2009
Secretary of State

Entity Name: 10 - 13 CLUB, TREASURE COAST, INC.

Current Principal Place of Business:

P.O. BOX 85-7854
PT ST LUCIE, FL 349857854 US

New Principal Place of Business:

465 S/E SUNNYDALE LN.
PT ST LUCIE, FL 34983 US

Current Mailing Address:

P.O. BOX 85-7854
PT ST LUCIE, FL 349857854 US

New Mailing Address:

FEI Number: 59-2155902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, ROBERT
10102 S OCEAN DR
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

HOWARD, ROBERT
5 DON QUIXOTE COURT
PORT ST. LUCIE, FL 34952 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: _____ Date: 01/26/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, ROBERT
Address: 10102 S OCEAN DR 102
City-St-Zip: JENSEN BEACH, FL 34957

Title: SDTD () Delete
Name: OXLEY, WAYNE
Address: 465 SE SUNNYDALE LN
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: VALICENTI, ANTHONY
Address: 1825 SE DEMING AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

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: WAYNE OXLEY SDTD 01/26/2009
Electronic Signature of Signing Officer or Director Date