


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90045 045 ****61.25

DOCUMENT # 762753 1. Entity Name NATIONAL ASSOCIATION OF FLORIDIAN CLUBS, INC.					
Principal Place of Business 8763 FOREST HILLS BLVD. CORAL SPRINGS FL 33065 US			Mailing Address 8763 FOREST HILLS BLVD. CORAL SPRINGS FL 33065 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-weight: bold;">NO-T APPLICABLE</div>	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="text-align: center; font-weight: bold;">\$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent LEE, ETTER S 8763 FOREST HILLS BLVD. CORAL SPRINGS FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
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)</small> <div style="float: right;"><small>DATE</small></div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<div style="text-align: center;"> \$5.00 May Be Added to Fees </div>	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FORD, LOUISE 1611 E. 9TH STREET PANAMA CITY FL 32401	<input type="checkbox"/> Delete <i>Delete Louise Ford, please</i>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Ella Mincey, Treasurer 8149 Betty Louise Drive Panama City, FL 32404
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2VP PORTER, EDWARD 257 W. 9TH STREET SAN PEDRO CA 90731	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	1VPD BRINSON, BARBARA 5070 NW 41 PLACE LAUDERDALE LAKES FL 33319	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GODWIN, JAMES 6922 N. 98 STREET MILWAUKEE WI 53224	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	RSD LEE, ETTER S 8763 FOREST HILLS BLVD. CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Etter S. Lee* **Etter S. Lee** Secretary 1/24/07 954-254-8673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR