

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764656

FILED
Jan 07, 2009
Secretary of State

Entity Name: PLANTATION NEWCOMERS CLUB, INC.

Current Principal Place of Business:

PO BOX 16543
PLANTATION, FL 333184744

New Principal Place of Business:

305NW 78TH AVE.
PLANTATION, FL 33324 US

Current Mailing Address:

PO BOX 16543
PLANTATION, FL 333184744

New Mailing Address:

PO BOX 16543
PLANTATION, FL 333184744 US

FEI Number: 59-2275183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHANSEN, MARCIA
305 NW 78TH AVE
PLANTATION, FL 33324 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: JOHANSEN, MARCIA
Address: 305 NW 78TH AVE
City-St-Zip: PLANTATION, FL 33324

Title: 1VP () Delete
Name: CARROLL, NANCY
Address: 641 NW 110TH AVE
City-St-Zip: PLANTATION, FL 33324

Title: 2VP () Delete
Name: DAVID, MARCIA
Address: 661 SW 54TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: 3VP () Delete
Name: BROWN, MICHELLE
Address: 11200 NW 6TH ST
City-St-Zip: PLANTATION, FL 33325

Title: S () Delete
Name: DETTLING, SALLIE
Address: 79NW 98 TERR
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: ROSTOFER, DOTTIE
Address: 9565 N.W. 9TH CT
City-St-Zip: PLANTATION, FL 33324

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:

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: MARCIA JOHANSEN

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date