

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006286

FILED
Apr 30, 2008
Secretary of State

Entity Name: ROYAL TERRACE MEN'S CLUB INC.

Current Principal Place of Business:

5568 AVE B
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5568 AVE B
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSES, DWIGHT
5795 SAWYER AVENUE
JACKSONVILLE, FL 32208 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: PD () Delete
Name: MOSES, DWIGHT
Address: 5795 SAWYER AVENUE
City-St-Zip: JACKSONVILLE, FL 32208F

Title: VD () Delete
Name: SIMMONS, GREGORY
Address: 1828 HELENA STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VPD () Delete
Name: NORRIS, ALFRED
Address: 9124 13TH AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: SIMMONS, LARRY
Address: 7350 GRANT AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: STD () Delete
Name: NORRIS, BILLY
Address: 10959 KEY HAVEN BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32218

Title: STD () Delete
Name: NORRIS, LARRY
Address: 7214 LINDA DR
City-St-Zip: JACKSONVILLE, FL 32208

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
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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: LARRY NORRIS

STD

04/30/2008

Electronic Signature of Signing Officer or Director

Date