

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

04-30-2008 90155 006 ****61.25
08-11-2008 90123 015 ****61.25

DOCUMENT # N01000005740

1. Entity Name
SOUTH FLORIDA CONFEDERATION OF CLUBS, INC.



Principal Place of Business
1390 19TH AVENUE SW
VERO BEACH, FL 32962 US

Mailing Address
P O BOX 650161
VERO BEACH, FL 32965 US



07192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, KENDALL W
1390 19TH AVENUE SW
VERO BEACH, FL 32962

**DO NOT WRITE
IN THIS SPACE**

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: Kendall W Blanchard KENDALL W BLANCHARD 7-18-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WELT, JEFF
STREET ADDRESS	4770 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ALLOWAY, TIM
STREET ADDRESS	5272 N ANDREWS AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	SD
NAME	SMOTHERS, MICHAEL M
STREET ADDRESS	220 NE 12TH AVENUE, LOT 66
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	TD
NAME	BLANCHARD, KENDALL W
STREET ADDRESS	1390 19TH AVENUE SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	CD
NAME	PAUL WAIBEL
STREET ADDRESS	2105 N.E. RUSTIC PL
CITY-ST-ZIP	JENSON BEACH FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PLEASE NOTE: WE FILED
04 14-APRIL-08 SENT CK #115
THIS CHECK HAS NOT GONE THRU
OUR ACCT. SORRY FOR ANY
INCONVENIENCE

Kendall

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kendall W Blanchard KENDALL W BLANCHARD 7-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #