

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

DO NOT WRITE IN THIS SPACE



07192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1137948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

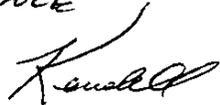
Filing Fee is \$61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

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



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 #