2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N01000005740

Entity Name: SOUTH FLORIDA CONFEDERATION OF CLUBS, INC.

Current Principal Place of Business:

1390 19TH AVENUE SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 650161
VERO BEACH, FL 32965 US

New Mailing Address:

FEI Number: 65-1137948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANCHARD, KENDALL W
1390 19TH AVENUE SW
VERO BEACH, FL 32962 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: CD ( ) Delete
Name: WELT, JEFF
Address: 4770 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D ( ) Delete
Name: ALLOWAY, TIM
Address: 5272 N ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: SD ( ) Delete
Name: SMOTHERS, MICHAEL M
Address: 220 NE 12TH AVENUE, LOT 66
City-St-Zip: HOMESTEAD, FL 33030 US

Title: TD ( ) Delete
Name: BLANCHARD, KENDALL W
Address: 1390 19TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: PAZ, NESTOR
Address: PO BOX 772256
City-St-Zip: MIAMI, FL 33177 US

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: KENDALL W. BLANCHARD TRES 04/05/2009

Electronic Signature of Signing Officer or Director — Date