

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006854

FILED
Apr 30, 2005
Secretary of State

Entity Name: X-CLUB ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

213 W COMSTOCK AVE
WINTER PARK, FL

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1660
WINTER PARK, FL 327901660

New Mailing Address:

FEI Number: 01-0648956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRISMEN, RICHARD F
213 W COMSTOCK AVE
WINTER PARK, FL 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: S () Delete
Name: TRISMEN, RICHARD F
Address: 213 W COMSTOCK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: HOLLON, ALVA A JR
Address: 551 LEMASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: PINDER, JOHN
Address: 1951 LEGION DR
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: KRESGE, CARY JR
Address: 2045 SUMMERLAND AVE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: HOLLONG, ALVA A JR.
Address: 551 LE MASTER DR
City-St-Zip: PONTE VEDRA BEACH, FL 320822313

Title: S () Delete
Name: TAISMEN, RICHARD F
Address: 213 W COMSTOCK RV
City-St-Zip: WINTER PARK, FL 32789

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: PD (X) Change () Addition
Name: HOLLON, ALVA A JR.
Address: 551 LE MASTER DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Change () Addition
Name: TRISMEN, RICHARD F
Address: 213 W COMSTOCK RV
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALVA A. HOLLON, JR.

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date