

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006854

FILED
Jul 11, 2007
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:

213 W COMSTOCK AVE
WINTER PARK, FL 32789

Current Mailing Address:

POST OFFICE BOX 1660
WINTER PARK, FL 327901660

New Mailing Address:

213 W. COMSTOCK AVE
WINTER PARK, FL 32789

FEI Number: 01-0648956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

TRISMEN, RICHARD F
213 W COMSTOCK AVE
WINTER PARK, FL 32789 US

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: _____

07/11/2007

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: HOLLON, ALVA A JR.
Address: 551 LE MASTER DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: TRISMEN, 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: TD (X) Change () Addition
Name: PINDER, JOHN
Address: 1931 LEGION DR
City-St-Zip: WINTER PARK, FL 32789

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: CARY KRESGE, JR.

SD

07/11/2007

Electronic Signature of Signing Officer or Director

Date