2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# N01000006854

Entity Name: X-CLUB ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

213 W COMSTOCK AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

213 W. COMSTOCK AVE
WINTER PARK, FL 32789

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 32789 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:	1931 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:	( ) 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:	

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 01/11/2008

Electronic Signature of Signing Officer or Director — Date