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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01506** (7)

1. Corporation Name

NEW ENGLAND CLUB, INCORPORATED



Principal Place of Business

Mailing Address

610 N. "E" STREET
LAKE WORTH FL 33460

610 N. "E" STREET
LAKE WORTH FL 33460-2853

3. Date Incorporated or Qualified
02/17/1984

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 **Lake Worth Shuffle Board court**

26 **610 North "E" Street**

4. FEI Number

59-2366073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

City & State

23 **Lake Worth, FL**

28 **Lake Worth, FL**

24 **33460**

25 **Palm Beach**

29 **30**

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SORGINI, RICHARD C., ESQUIRE
2602 HOLY CROSS LANE
LAKE WORTH FL 33460

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DALOIAN, KOREY	
STREET ADDRESS	620 N. E STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAARL, DORIS	
STREET ADDRESS	575 NORTH F STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARRICU, LUCINIO	
STREET ADDRESS	515 SOUTHEAST STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILDERS, GLADYS	
STREET ADDRESS	610 N. "E" STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ROBE	<input checked="" type="checkbox"/> DELETE
NAME	RTSON, RAYMOND	
STREET ADDRESS	403 SOUTHEAST STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, CLIFFORD	
STREET ADDRESS	103 S. ATLANTIC DR.	
CITY-ST-ZIP	LANTANA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robertson, Raymond	
1.3 STREET ADDRESS	403 Southk ST.	
1.4 CITY-ST-ZIP	LakeWorth, FL 33406	
2.1 TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gladys Wilders	
2.3 STREET ADDRESS	610 N E STREET	
2.4 CITY-ST-ZIP	LAKE WORTH, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marrucci, Lucinio	
3.3 STREET ADDRESS	515 3939 South August Drive	
3.4 CITY-ST-ZIP	LAKE WORTH, FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Henzler, Earl	
4.3 STREET ADDRESS	4655 Pine Forest Dr.	
4.4 CITY-ST-ZIP	LAKE WORTH, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robertson, Cora	
5.3 STREET ADDRESS	403 SOUTHEAST ST	
5.4 CITY-ST-ZIP	LAKE WORTH, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Saari, DORIS	
6.3 STREET ADDRESS	575 North F ST	
6.4 CITY-ST-ZIP	LAKE WORTH, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gladys Wilders** REQUIRED

2/13/97 588-6517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00380000

CR2E037 (9/96)