2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006581

1. Entity Name
1. Entity Name
1. ALCORD OF FOLICATION MULTIPURPOSE GIRLS CLUB



FILED Jul 13, 2006 8:00 am Secretary of State

07-13-2006 90028 001 ****60.00

	TION, INC.	NI OSE GIRES CLUB		I ES		/-13-2006 9	70028 00	<i>_</i> .	
Principel Place of Business 4605 SW 32ND DRIVE HOLLYWOOD, FL 33020		Mailing Address 4605 SW 32ND DRIVE HOLLYWOOD, FL 33020		66021725					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Sulto, Apt. #, etc.			07022008 Ch	g-NP	CR2E03	7 (4/08)	
City & State		City & State			4. FEI Number 56-237140	5			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Str			8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re			
VALBRUN, ESTHER M		Namo					•		
4605 SW 32ND DRIVE HOLLYWOOD, FL 33020		Stroot		ddress ((P.O. Box Number is N	lot Acceptable)			
			City					ZIp Cod	6
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the obligat	named entity submits this statement is ions of registered agent.	or the purpose of changing its re	igistered office of	r registo	red agent, or both, in	the State of Flor	ida. I am fa	millar with,	and accept
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SIGNATURE .	Signature, typed or printed have of registered agent	t end title if applicable. (NOTE: R	Registered Agent signer	ture recipired	d when renetating)		DATE		
		9. Election Camp Trust Fund Cor	paign Financing	ture required	\$5.00 May Be Added to Fees		oate ike check de Departr		
D:	Signature, typed or preted name of regulared agent Filling Foe Is \$61.25 ue by September 6, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing intribution.		\$5.00 May Bo	Flork	ike check da Departr IS AND DIRI	nent of SI	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(16/30/06 954-8/5-4962

SIGNATURE:

ITED NAME OF BIGNING OFFICER OR DIRECTOR