## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007119

Apr 13, 2008 Secretary of State

Entity Name: MONARCH KNIGHTS SPIKERS CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 231 NW 45 AVE 5050 WILES ROAD DEERFIELD BEACH, FL 33442 COCONUT CREEK, FL 33073 **Current Mailing Address: New Mailing Address:** 231 NW 45 AVE DEERFIELD BEACH, FL 33442 FEI Number: 20-0165475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEENAN, ALISON 231 NW 45 DEERFIELD BEACH, FL 33442 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BORRIS, JOSEPH PRESIDE Name: Name: 4911 NW 55 CT Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition ROBERTSON, SUSAN VICE PR Name: Name: Address: 4911 NW 55 CT Address: City-St-Zip: COCONUT CREEK, FL 33073 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition HOGAN, COLLEEN SECRETA Name: VIDAL, GRACE SECRETA Name: 2879 NW 52 TERR Address: Address: 5446 NW 44 WAY City-St-Zip: MARGATE, FL 33063 US City-St-Zip: COCONUT CREEK, FL 33073 US Title: TD ( ) Delete Title: () Change () Addition KEENAN, ALISON TREASUR Name: Name: Address: 231 NW 45 AVE Address: City-St-Zip: DEERFIELD BEACH, FL 33442 US 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: ALISON KEENAN TD 04/13/2008