

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N04000006419

Entity Name: FLORIDA'S FINEST CLUB, INC.

Current Principal Place of Business:

699 ALOHA AVENUE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

699 ALOHA AVENUE
COCOA, FL 32927

New Mailing Address:

FEI Number: 20-1060731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WILLIAMS, SONYA A
699 ALOHA AVENUE
COCOA, FL 32927 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: P () Delete
Name: WILLIA, SONYA
Address: 699 ALOHA AVENUE
City-St-Zip: COCOA, FL 32927

Title: V () Delete
Name: LEWIS, WAYNE
Address: 699 ALOHA AVENUE
City-St-Zip: COCOA, FL 32927

Title: S () Delete
Name: GAILFORD, TONI
Address: 699 ALOHA AVE
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: SPEED, RUBY
Address: 699 ALOHA AVENUE
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: WILLIAMS, DARRIN
Address: 699 ALOHA AVENUE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, SONYA
Address: 699 ALOHA AVENUE
City-St-Zip: COCOA, FL 32927

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GUILFORD, TONI
Address: 699 ALOHA AVE
City-St-Zip: COCOA, FL 32927

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: SONYA A. WILLIAMS

MS

05/10/2007

Electronic Signature of Signing Officer or Director

_____ Date