2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007236

FILED Aug 22, 2009 Secretary of State

Entity Nar	ne: "CLUB '54, INCORPORATED."			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	AL CREEK DR SSEE, FL 32312			
Current Mailing Address:		New Maili	New Mailing Address:	
P.O. BOX (6262 SSEE, FL 32314			
In accordan	11-3710115 FEI Number Applied For() FI ce with s. 607.193(2)(b), F.S., the corporation did not rec Address of Current Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
	H, LINDA AL CREEK DR SSEE, FL 32312 US			
The above in the State	named entity submits this statement for the purpo e of Florida.	ose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete DILWORTH, LINDA P 9001 SHOAL CREEK DR TALLAHASSEE, FL 32312	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DENNIS, VITALIS 2217 GREENWICH WAY TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip:	V () Delete GILLISPIE, CONRAD 3692 OVERLOOK DR TALLAHASSEE, FL 32311	Title: Name: Address: City-St-Zip:	V (X) Change () Addition FRANKLIN, LENARD 5660 OLD HICKORY LN TALLAHASSEE, FL 32303	
Title: Name: Address: City-St-Zip:	T () Delete RICHARDSON, CARLA K 3504 DAYLILIY LN TALLAHASSEE, FL 32308	Title: Name: Address: City-St-Zip:	T (X) Change () Addition HACKLEY, ANDRE 2741 NORTH SANDALWOOD DR. TALLAHASSEE, FL 32305	
Title: Name: Address: City-St-Zip:	S () Delete VITALIS, DENNIS 2217 GREENWICH WAY TALLAHASSEE, FL 32308	Title: Name: Address: City-St-Zip:	S (X) Change () Addition RICHARDSON, CARLA 3504 DAYLILY LN TALLAHASSEE, FL 32308	
Title: Name: Address:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition WILLIAMS, BLOSCILE 3013 HUNTINGTON WOODS BLVD TALLAHASSEE, FL 32303	

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: CARLA RICHARDSON 08/22/2009 S