

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90074 008 ****61.25

DOCUMENT # N05000001743 1. Entity Name IR-RU FAMILY SOCIAL CLUB, INC.					
Principal Place of Business 9211 SOUTH FLORIDA AVENUE FLORAL CITY, FL 34436			Mailing Address 9211 SOUTH FLORIDA AVENUE FLORAL CITY, FL 34436		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JEFFRIES, HARLEY T 6889 WEST BORSTEIN COURT CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFRIES, HARLEY T 6889 W BORSTEIN COURT CRYSTAL RIVER, FL 34429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBARA WALSH 9505 E. VILLAGE GREEN CIRCLE INVERNESS FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANKO, JOHN 13517 E. SHAWNEE TRAIL INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATIE LYNN WASSMER 9055 S. ZANMAR DRIVE FLORAL CITY FL 34436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENTZ, BRENDA A 9631 E JACANA LOOP INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL T. McMILLAN 1479 S. TRANQUIL POINT INVERNESS FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENTZ, ROBERT F JR. 9631 E JACANA LOOP INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMER, NORMAN P.O. BOX 1537 WILDWOOD, FL 34785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANDARET, DEAN P.O. BOX 1231 INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
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: <i>Harley T. Jeffries</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT _____ <small>Date</small>		
_____ <small>Daytime Phone #</small>			352-637-5118 <small>Daytime Phone #</small>		