2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001743

1. Entity Name
IR-RU FAMILY SOCIAL CLUB, INC.

FILED
2008 OCT 20 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9211 SOUTH FLORIDA AVENUE FLORAL CITY, FL 34436	9211 SOUTH FLORIDA AVENUE FLORAL CITY, FL 34436

10092008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 20-2367980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFRIES, HARLEY T 6889 WEST BORSTEIN COURT CRYSTAL RIVER, FL 34429	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARY D. LUTTRELL 6764 E. FALCON REST LANE INVERNESS FL 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STANKO, JOHN 13517 E. SHAWNEE TRAIL INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRA LEE 7948 E. Peacock LANE FLORAL CITY FL 34436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LENTZ, BRENDA A 9631 E JACANA LOOP INVERNESS, FL 34450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WENDY WILBER 5959 E. URBAN LANE FLORAL CITY FL 34436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALSH, BARBARA S 9505 E. VILLAGE GREEN CIRCLE INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APRIL WONSER 6889 W. BORSTGIN CT. CRYSTAL RIVER FL 34429	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIMER, NORMAN P.O. BOX 1537 WILDWOOD, FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL MC MILLAN 1499 S. TRANQUIL PT. INVERNESS FL 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANDARET, DEAN P.O. BOX 1231 INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400137086864 10/20/08--01057--001 **61.25	☐ Change ☐ Addition

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: Barbara S Walsh BARBARA S. WALSH 10/14/2008 352-637-5118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #