

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001743

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9211 SOUTH FLORIDA AVENUE  
FLORAL CITY, FL 34436

**New Principal Place of Business:**

**Current Mailing Address:**

9211 SOUTH FLORIDA AVENUE  
FLORAL CITY, FL 34436

**New Mailing Address:**

FEI Number: 20-2367980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JEFFRIES, HARLEY T  
6889 WEST BORSTEIN COURT  
CRYSTAL RIVER, FL 34429 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: JEFFRIES, HARLEY T  
Address: 6889 W BORSTEIN COURT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP ( ) Delete  
Name: STANKO, JOHN  
Address: 13517 E. SHAWNEE TRAIL  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: LUTTRELL, GARY  
Address: 6764 E. FALCON REST LANE  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: WONSER, APRIL  
Address: 6889 W. BORSTEIN COURT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete  
Name: LEE, SANDRA  
Address: 7948 E. PEACOCK LANE  
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete  
Name: BANDARET, DEAN  
Address: P.O. BOX 1231  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: BARBARA S. WALSH

T

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date