2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2008 8:00 am

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DOCUMENT # N0500002106 1. Entity Name DISTRICT 9 - AMERICAN CONTRACT BRIDGE LEAGUE, INC.									Secret 01-23-200		of St 0 017 ****6	
Principal Place of Business 9100 MARSH VIEW CT PONTE VEDRA BEACH, FL 32082			P0 I	Mailing Address PO BOX 1534 PONTE VEDRA BEACH, FL 32004			-	- 1910016-00	1718) RIII BRII SBII	iir ier ii	B (Reet like denk di	1 1 11 11 11
2. Principal Place of Business - No P.O. Box #			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				01152008	Chg-NP	CR2E	E037 (12/06)	
City & State			C	City & State				4. FEI Number Applied Fo 20-2360193 Not Applied			optied For ot Applicable	
Zip	Zip Country		Z	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curren	t Register	ed Agent				7. Name and	Address of Nev	r Registere	d Agent	
SEALS, SI	HIRLEY				•	Name Street Add	dress (i	P.O. Box Numbe				
PONTE VE	EDRA BEA	ACH, FL 32082		ļ-						<u></u>		
						City				F	Zip Cod	e
	named entit	y submits this statement i	for the purp	pose of changing its	register	ed office or re	register	ed agent, or bot	h, in the State of	Florida. I a	ım familiar with,	and accept
	tions of regist	tered agent.										
SIGNATURE		tered agent.	nt end title if ap			od Agent signidure		t when renstating)		TAG		
	Signature, typed		nt and title d ap		:: Register	ed Agent eignizure	e required	\$5.00 May B	e F	Make ch		
	Signature, typed	or printed name of registered ages te Is \$61.25 Ray 1, 2008		9. Election Car Trust Fund C	:: Register	ed Agent eignisture Financing tion.	e recoured	\$5.00 May B	F	Make chi lorida Der	eck payable to partment of Si	tate
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP