

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002511

FILED
Apr 30, 2007
Secretary of State

Entity Name: SOUTHEAST REGIONAL PROMOTIONAL CLUB, INC.

Current Principal Place of Business:

7143A NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

7143A NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-2190102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILEY, RAYMOND H. JR.
6414A 14TH ST. WEST
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

MILEY, RAYMOND H. JR.
1145 COMMERCE BLVD. NORTH
SARASOTA, FL 34243 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CHOSIE, JIM
Address: 7611 BLUEBERRY RD.
City-St-Zip: POWELL, TN 37849

Title: D () Delete
Name: NELSON, WILL
Address: 7143A NORTH 9TH AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: DYAR, JOHNNIE
Address: 90A MCKEOUGH ST.
City-St-Zip: SARALAND, AL 36571

Title: D () Delete
Name: SHARQAWI, ABE
Address: 1035 BLANDING BLVD., STE. 108
City-St-Zip: ORANGE PARK, FL 32065

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:

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: WILLIAM NELSON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date