

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004591

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: REGIONAL REPUBLICAN CLUB, INC.

## Current Principal Place of Business:

802 CYPRESS GROVE LANE APT 109  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 667967  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 14-1938727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GINGERICH, ROGER  
904 S POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

SANTORE, WILLIAM  
802 CYPRESS GOVE LAND  
APT. 109  
POMPANO BEACH, FL 33069 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: WILLIAM SANTORE

03/17/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: GINGERICH, ROGER  
Address: 904 S POWERLINE ROAD  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: DVP ( ) Delete  
Name: MESSANA, FRANK  
Address: 911 LYONS RD. APT 2107  
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: DS ( ) Delete  
Name: BUFFUM, JOHN  
Address: 6510 ARTHUR ST.  
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: PD ( ) Delete  
Name: SANTORE, WILLIAM  
Address: 802 CYPRESS GROVE LANE #109  
City-St-Zip: POMPANO BEACH, FL 33061 US

Title: D (X) Delete  
Name: DOYLE, SANDRA  
Address: 804 CYPRESS GROVE LANE #404  
City-St-Zip: POMPANO BEACH, FL 33069 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: MAYMON, DAVID  
Address: 1010 SEMINOLE DRIVE APT. 1107  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

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: DAVID R MAYMON

TREA

03/17/2008

Electronic Signature of Signing Officer or Director

Date