

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004591

FILED
Feb 11, 2009
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:

SANTORE, WILLIAM
802 CYPRESS GOVE LAND
APT. 109
POMPANO BEACH, FL 33069 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: DT () Delete
Name: MAYMON, DAVID
Address: 1010 SEMINOLE DRIVE APT. 1107
City-St-Zip: FT. LAUDERDALE, FL 33304 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

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: DAVID MAYMON

VP

02/11/2009

Electronic Signature of Signing Officer or Director

Date