

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006847

FILED
Apr 24, 2009
Secretary of State

Entity Name: FLORIDA FEMALE ALL STAR DOMINO CLUB INC.

Current Principal Place of Business:

3631 NW 41ST STREET
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

Current Mailing Address:

3631 NW 41ST STREET
LAUDERDALE LAKES, FL 33309

New Mailing Address:

FEI Number: 42-1684213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARLE, CLOVER Y
3631 NW 41ST STREET
LAUDERDALE LAKES, FL 33309 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: SHARIF, SONIA
Address: 3631 NW 41ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: S () Delete
Name: WILLIAMS, STEPHANIE
Address: 3631 NW 41ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: T () Delete
Name: GRANT, GEORGIA
Address: 3631 NW 41ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

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:

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: CLOVER EARLE

DR.

04/24/2009

Electronic Signature of Signing Officer or Director

Date