

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000891

FILED
Jan 05, 2009
Secretary of State

Entity Name: FLORIDA CHAPTER RCI, INC.

Current Principal Place of Business:

2055 SE MANTUA STREET
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2055 SE MANTUA STREET
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-1093509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ED
2055 SE MANTUA STREET
PORT ST LUCIE, FL 34952 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: D () Delete
Name: WILLIAMS, EDWIN L
Address: 2055 SE MANTUA STREET
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: HEIRONIMUS, WAYNE
Address: 204 - 37TH AVE., #352
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D () Delete
Name: RODGERS, DARRYL
Address: 10175 FORTUNE PKWY STE 1005
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SCHULTZ, WILLIAM
Address: 2234 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

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: ED WILLIAMS

D

01/05/2009

Electronic Signature of Signing Officer or Director

Date