2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006538

Intity Name: AMOS AVENUE LOT CLUB INC

FILED Apr 28, 2008 Secretary of State

Entity Na	me: AMOSA	VENUE LOT CLOB INC			
Current Principal Place of Business:			New Principal Place of Business:		
	HURST STREE D, FL 33805	ET			
Current Mailing Address:			New Mailing Address:		
	HURST STREE D, FL 33805	ΞΤ			
FEI Number	: 87-0800296	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
	ARMEN MEDA DRIVES D, FL 33805	SOUTH US			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (ALLEN, WILBU 314 PINEHURS LAKELAND, FL	ST STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (ALLEN, CL 815 HENRY ST LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (GETER, HATTI 2116 BASSADI LAKELAND, FL	ENA CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALLEN, CARMI	A DRIVE SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (ALLEN, ANNIE 314 PINEHURS LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (WILSON, ALBE) Delete ERT	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WILBUR ALLEN PRES 04/28/2008

Address:

City-St-Zip:

1415 AMOS AVENUE

LAKELAND, FL 33805