

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010801

FILED
Mar 20, 2009
Secretary of State

Entity Name: AFTER 6 SOCIAL CLUB INC.

Current Principal Place of Business:

13773 CIRCULAR DRIVE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

13773 CIRCULAR DRIVE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 61-5143700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BARRY
6316 LASALLE RD
DELRAY BEACH, FL 33484 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: BROWN, BARRY
Address: 6316 LASALLE RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: T () Delete
Name: EISENBERG, IRA
Address: 13881 PACKARD TERR
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: WEISS, DIANE
Address: 6265 LASALLE RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EISENBERG, IRA
Address: 13881 PACKARD TERR
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: MILICI, RICHARD
Address: 6197 OVERLAND PL/
City-St-Zip: DELRAY BEACH, FL 33484

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: BARRY BROWN

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date