2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004836

FILED Jun 02, 2009 Secretary of State

Entity Name: ST. GEORGE BIRTHDAY CLUB, INC.

	Principal Place of Business:	New Principal F	Place of Business:
	RTHWEST 44TH STREET 715 UDERDALE, FL 33119		
Current I	Mailing Address:	New Mailing Ac	ldress:
	RTHWEST 44TH STREET 715 UDERDALE, FL 33119		
In accorda	nce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable ve the prior notice.	() Certificate of Status Desired ()
Name an	d Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:
	AZEL 7TH PLACE UDERDALE, FL 33311 US		
	e named entity submits this statement for the purpos te of Florida.	e of changing its reg	istered office or registered agent, or both,
SIGNATL	JRE:		
	Electronic Signature of Registered Agent		Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete GRAY, HAZEL 3641 NW 7TH PLACE FORT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name:	S () Delete WRIGHT, LOUISE L 610 NW 35TH TERRACE	Title: Name: Address:	() Change () Addition
	FORT LAUDERDALE, FL 33311	City-St-Zip:	
City-St-Zip: Title: Name: Address:	P () Delete BARNO, KATHLYN 3780 NW 5TH STREET		()Change ()Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	P () Delete BARNO, KATHLYN 3780 NW 5TH STREET FORT LAUDERDALE, FL 33311 VP () Delete TISDALE, ILLINOIS 3791 NW 8TH PLACE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	P () Delete BARNO, KATHLYN 3780 NW 5TH STREET FORT LAUDERDALE, FL 33311 VP () Delete TISDALE, ILLINOIS 3791 NW 8TH PLACE FORT LAUDERDALE, FL 33311 T () Delete KING, MARY 5860 NORTHWEST 44TH STREET 715	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	

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: HAZEL GRAY P 06/02/2009