

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010768

FILED
Feb 21, 2011
Secretary of State

Entity Name: DOMINICA SOCIAL CLUB, INC.

Current Principal Place of Business:

1213 SW HERALD ROAD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

PO BOX 12563
FORT PIERCE, FL 349792563

New Mailing Address:

PO BOX 12563
FORT PIERCE, FL 34979-256 3

FEI Number: 27-1306793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBLANC, GABRIEL
660 SE STOW TERRACE
PORT ST. LUCIE, FL 34984 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: PD
Name: SORHAINDO, BENOIT
Address: 2330 THE OAKS BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD
Name: LEBLANC, RAMONA
Address: 660 SE STOW TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: SD
Name: GARRAWAY, GLORIA
Address: 6097 C DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD
Name: LEBLANC, GABRIEL
Address: 660 SE STOW TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D
Name: LEBLANC, MYLINE
Address: 1213 SW HERALD ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: GABRIEL LEBLANC

TD

02/21/2011

Electronic Signature of Signing Officer or Director

Date