

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13013

FILED
Apr 22, 2009
Secretary of State

Entity Name: SOUTH FLORIDA PRESS CLUB, INC.

Current Principal Place of Business:

8415 S.W 107 AVE.
114W
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

8415 S.W 107 AVE.
114W
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2636119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPERS, ANDREW J
8415 SW 107 AVE.
114W
MIAMI, FL 33173 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: CROWTHER, CONNIE DIR
Address: 269 GIRALD AVE. SUITE 302
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D () Delete
Name: DANIEL, FITZGERALD DIR.
Address: 6251 SW 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: DIAMOND, HINDI VP
Address: 346 FANSHAW 1
City-St-Zip: BOCA RATON, FL 33434 US

Title: PD () Delete
Name: LEVITT, RON PRES
Address: 2573 EAGLE RUN LANE
City-St-Zip: WESTON,, FL 33327 US

Title: TD () Delete
Name: ALPERS, ANDREW J TRES
Address: 8415 S.W. 107TH AVENUE, 114W
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: GOODWIN, DAVID SECT
Address: P.O. BOX 54-6661
City-St-Zip: MIAMI, FL 331540661

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ACKER, IRIS DIR
Address: 400 LESLIE DR. #520
City-St-Zip: HALLANDALE, FL 33009 US

Title: D (X) Change () Addition
Name: FITZGERALD, DANIEL DIR.
Address: 6251 SW 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change () Addition
Name: DIAMOND, HINDI VP
Address: 100 GOLDEN ISLES DR. #914
City-St-Zip: HALLANDALE, FL 33009 US

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: ANDREW J. ALPERS

TRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date