

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90068 002 ****61.25

DOCUMENT # N33841

1. Entity Name

NEW JERSEY SOCIAL CLUB OF PALM COAST, INC.



Principal Place of Business

**178 FRANKFORD LN
PALM COAST FL 32137
US**

Mailing Address

**178 FRANKFORD LN
PALM COAST FL 32137
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BOLCAR, PHYLLIS
178 FRANKFORD LN
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOLCAR, PHYLLIS**
STREET ADDRESS **178 FRANKFORD LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VP** ☐ Delete
NAME **PACH, JACK**
STREET ADDRESS **126 FERNDAL LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VR** ☒ Delete
NAME **POPO, MARION**
STREET ADDRESS **92 FOREST HILL DR**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **RS** ☐ Delete
NAME **PACKARD, EMILIA**
STREET ADDRESS **64 BURNING BUSH DR**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **CS** ☒ Delete
NAME **OTTLEIN, MILDRED**
STREET ADDRESS **P.O. BOX 350402**
CITY-ST-ZIP **PALM COAST FL 32135**

TITLE **T** ☐ Delete
NAME **DREES, ROBERT**
STREET ADDRESS **PO BOX 353940**
CITY-ST-ZIP **PALM COAST FL 32135**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis Bolcar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2005
Date

1-386-446-8678
Daytime Phone #

50017949



1st MOORE

CR2E037 (10/04)

4. FEI Number **59-2959512**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required