


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 029 ****61.25

DOCUMENT # N33841 1. Entity Name NEW JERSEY SOCIAL CLUB OF PALM COAST, INC.	
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Principal Place of Business 178 FRANKFORD LN PALM COAST FL 32137 US	Mailing Address 178 FRANKFORD LN PALM COAST FL 32137 US
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2. Principal Place of Business 7 BASSETT LN Suite, Apt. #, etc.	3. Mailing Address 7 BASSETT LN Suite, Apt. #, etc.
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City & State PALM COAST, FL	City & State PALM COAST FL
Zip 32137	Country FLAGLER



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2959512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 JULIUS KWIATKOWSKI Street Address (P.O. Box Number is Not Acceptable) 7 BASSETT LN City PALM COAST FL Zip Code 32137
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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 *Julius Kwiatkowski* **JULIUS KWIATKOWSKI** **1/25/06**
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLCAR, PHYLLIS 178 FRANKFORD LN PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIUS KWIATKOWSKI 7 BASSETT LN PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACH, JACK 126 FERNDAL LN PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTHUR KUEPPER P.O. BOX 354903 PALM COAST FL 32135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PACKARD, EMILIA 64 BURNING BUSH DR PALM COAST FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREES, ROBERT PO BOX 353940 PALM COAST FL 32135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Julius Kwiatkowski **1/25/06**