

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N33841

1. Entity Name
NEW JERSEY SOCIAL CLUB OF PALM COAST, INC.



Principal Place of Business
**POST OFFICE BOX 352648
PALM COAST, FL 32135-2648 US**

Mailing Address
**POST OFFICE BOX 352648
PALM COAST, FL 32135-2648 US**



01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2959512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KWIATKOWSKI, JULIUS
7 BASSETT LN
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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, President** *Julius Kwiatkowski* **01/17/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KWIATKOWSKI, JULIUS
7 BASSETT LN
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KUEPPER, ARTHUR
PO BOX 354903
PALM COAST, FL 32135**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Emilia Packard, Secretary** *Emilia Packard* **01/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #