

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38586 (6)

1. Corporation Name

THE NEW ENGLAND SOCIAL CLUB, INC.



Principal Place of Business

% CAROL H. AIKENS
851 W. GLEASON PL.
BEVERLY HILLS FL 34465

Mailing Address

% CAROL H. AIKENS
851 W. GLEASON PL.
BEVERLY HILLS FL 34465

2. Principal Place of Business

2a. Mailing Address

21 % Robert Welsh

26 % Robert Welsh

22 Suite, Apt. #, etc.
3952 N. Blazingstar

27 Suite, Apt. #, etc.
3952 N. Blazingstar

23 City & State
Beverly Hills, FL

28 City & State
Beverly Hills, FL

24 Zip
34465

25 Country
USA

29 Zip
34465

30 Country
USA

9. Name and Address of Current Registered Agent

WELLS, JOHN
213 S BARBOUR ST
BEVERLY HILLS FL 34465-4054

3. Date Incorporated or Qualified
06/13/1990

3a. Date of Last Report
03/13/1995

4. FEI Number
59-3016108

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AIKENS, CAROL H.	
STREET ADDRESS	851 W. GLEASON PL.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RINN, VIRGINIA	
STREET ADDRESS	4322 N. BACALL LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LOFTUS, HELEN	
STREET ADDRESS	984 W. COLBERT CT.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOAG, RUTH	
STREET ADDRESS	450 W. BUTTONBUSH DR.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CAROL	
STREET ADDRESS	3766 N TAMARISK AVE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Welsh, Robert	
13 STREET ADDRESS	3952 N. Blazingstar	
14 CITY-ST-ZIP	Beverly Hills, FL 34465	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Worester Edson	
23 STREET ADDRESS	7 N. Jefferson St	
24 CITY-ST-ZIP	Beverly Hills, FL 34465	
31 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lupo, Robert	
33 STREET ADDRESS	530 W Buttonbush Dr	
34 CITY-ST-ZIP	Beverly Hills, FL 34465	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Loftus, Herbert	
53 STREET ADDRESS	984 W Colbert Ct	
54 CITY-ST-ZIP	Beverly Hills, FL 34465	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Welsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 352-527-4362

Date

Daytime Phone #

CR2E037 (12/95)