

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40252

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** AWESOME CHASTISERS PROGRESSIVE PINOCHLE ENTERPRISE, INC.

**Current Principal Place of Business:**

10851 SW 222 ST  
GOULDS, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

10851 SW 222 ST  
GOULDS, FL 33170

**New Mailing Address:**

**FEI Number:** 65-0484322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, LYDIA E  
10851 SW 222ND ST  
GOULDS, FL 33170 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: PD ( ) Delete  
Name: WALKER, LYDIA E  
Address: 10851 SW 222 ST  
City-St-Zip: GOULDS, FL 33170

Title: TD ( ) Delete  
Name: EVANS, WILLIAM  
Address: 13730 JACKSON ST  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: CARTER, ARTHUR W  
Address: 1199 N. 49 ST  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: DEBOSE, ANDRE  
Address: 821 N.W. 67 AVE  
City-St-Zip: PLANTATION, FL 33117

Title: VPD ( ) Delete  
Name: CARTER, ARTHUR  
Address: 1199 NW 49TH STREET  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYDIA E. WALKER

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date