



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N41345</b> 1. Entity Name <b>DYNASTY SOCIAL CLUB, INC.</b>						<b>FILED</b> 2008 JUL 31 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3017 DR. MARTIN LUTHER KING JR. DRIVE PENSACOLA, FL 32503</b>				Mailing Address <b>9909 HILLVIEW RD. PENSACOLA, FL 32514</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-3042941</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>LEWIS, JOSEPH E. 9909 HILLVIEW RD. PENSACOLA, FL 32514-5702</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEWIS, JOSEPH E.</b> <input type="checkbox"/> Delete <b>9909 HILLVIEW RD.</b> <b>PENSACOLA, FL 32514</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500133965565</b> <b>08/05/08--01004--009 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEWIS, BRIAN E.</b> <input checked="" type="checkbox"/> Delete <b>10938 MAJURO DR.</b> <b>JACKSONVILLE, FL 32246</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEWIS, GREGORY C.</b> <b>1904 JOSHUA DR.</b> <b>CANTONMENT, FL. 32533</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>LEWIS, GREGORY C.</b> <b>1904 JOSHUA DR.</b> <b>CANTONMENT, FL 32533</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WALKER, JACENTA M.</b> <b>7213 WILLOWSIDE DR.</b> <b>PENSACOLA, FL. 32506</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>WALKER, JACENTA M.</b> <b>7213 WILLOWSIDE DR</b> <b>PENSACOLA, FL 32508</b>			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	<b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WIGGINS, JULIUS</b> <b>7370 ROLLING HILLS RD.</b> <b>PENSACOLA, FL. 32505</b>		
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 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.							
<b>SIGNATURE: JOSEPH E. LEWIS</b>				<b>JULY 29, 2008</b>		<b>850-478-2571</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	