

FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N47173** (2)

1. Corporation Name

**THE MONSTER CLUB FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2200 LUCIEN WAY**  
**SUITE 450**  
**MAITLAND FL 32751**

**P.O. BOX 4961**  
**ORLANDO FL 32802-4961**

3. Date Incorporated or Qualified

**02/05/1992**

4. FEI Number

**59-3105302**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1551 Sandspur Rd.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Maitland, FL**

**28**

Zip

Country

Zip

Country

**24 32751**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEMAN, EDWARD**  
**2200 LUCIEN WAY**  
**SUITE 450**  
**MAITLAND FL 32751**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **GINSBURG, RONALD**  
STREET ADDRESS **2200 LUCIEN WAY, STE. 450**  
CITY-ST-ZIP **MAITLAND FL 32751**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Ronald Ginsburg**  
1.3 STREET ADDRESS **1551 Sandspur Rd.**  
1.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE **D** ☐ DELETE  
NAME **GINSBURG, SHARON L**  
STREET ADDRESS **2200 LUCIEN WAY, STE. 450**  
CITY-ST-ZIP **MAITLAND FL 32751**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Sharon L. Ginsburg**  
2.3 STREET ADDRESS **1551 Sandspur Rd.**  
2.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE **D** ☐ DELETE  
NAME **GINSBURG, JEFFREY S**  
STREET ADDRESS **2200 LUCIEN WAY, STE. 450**  
CITY-ST-ZIP **MAITLAND FL 32751**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **Jeffrey S. Ginsburg**  
3.3 STREET ADDRESS **1551 Sandspur Rd.**  
3.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE **P** ☐ DELETE  
NAME **KLEMAN, EDWARD**  
STREET ADDRESS **2200 LUCIEN WAY, SUITE 450**  
CITY-ST-ZIP **MAITLAND FL 32751**

4.1 TITLE **P** ☒ Change ☐ Addition  
4.2 NAME **Edward Kleiman**  
4.3 STREET ADDRESS **1551 Sandspur Rd.**  
4.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jeffrey S. Ginsburg 04/16/98 407-741-8500

FILED  
98 APR 30 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (10/97)