2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47623

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

PO BOX 8337

SOUTHPORT, FL 32409

CAMPBELL, TIMOTHY

BRADENTON, FL 34209

7400 JACKSON AVE

() Delete

FILED Feb 11, 2009 Secretary of State

Entity Name: SOUTHPORT MEN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 7820 FRANKLIN AVE SOUTHPORT, FL 32409 US **Current Mailing Address: New Mailing Address:** SOUTHPORT MENS CLUB PO BOX 8052 PANAMA CITY, FL 32409 US FEI Number: 59-3181979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: 7600 GAINER BAYOU ROAD SOUTHPORT, FL 32409 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FERIAND, ROSS FERIAND, ROSS Name: Name: 7645 GLEN COVE LANE Address: 7645 GLEN COVE LANE Address: City-St-Zip: SOUTHPORT, FL 32409 City-St-Zip: SOUTHPORT, FL 32409 Title: Title: () Change () Addition () Delete L.J. KELLY, Name: Name: Address: 1117 FOURTH CIRCLE Address: City-St-Zip: SOUTH PORT, FL 32409 City-St-Zip: Title: () Delete Title: () Change () Addition YOUNGBLOOD, BOBBY Name: Name: Address: 1528 2ND STREET Address: City-St-Zip: SOUTHPORT, FL 32409 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GLASS, JAMES Name: Address: PO BOX 8054 Address: City-St-Zip: SOUTHPORT, FL 32409 City-St-Zip: Title: DST () Delete Title: () Change () Addition NEWELL, JESSE Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JESSE NEWELL DST 02/11/2009

(X) Change () Addition

CAMPBELL, TIMOTHY

BRADENTON, FL 34209

7400 JACKSON AVE