

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47623

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** SOUTHPORT MEN'S CLUB, INC.

**Current Principal Place of Business:**

7820 FRANKLIN AVE.  
SOUTHPORT, FL 32409 US

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTHPORT MENS CLUB  
PO BOX 8052  
PANAMA CITY, FL 32409 US

**New Mailing Address:**

**FEI Number:** 59-3181979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KYSER, J.T.  
7600 GAINER BAYOU ROAD  
SOUTHPORT, FL 32409 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: P  
Name: GLASS, JAMES  
Address: PO BOX 8054  
City-St-Zip: SOUTHPORT, FL 32409

Title: D  
Name: L.J. KELLY  
Address: 1117 FOURTH CIRCLE  
City-St-Zip: SOUTH PORT, FL 32409

Title: D  
Name: CAMBELL, TIMOTHY  
Address: 7400 JACKSON AVE  
City-St-Zip: SOUTHPORT, FL 32409

Title: D  
Name: FERLAND, ROSS  
Address: 7645 GLEN COVE LANE  
City-St-Zip: SOUTHPORT, FL 32409

Title: DST  
Name: NEWELL, JESSE  
Address: PO BOX 8337  
City-St-Zip: SOUTHPORT, FL 32409

Title: VP  
Name: YOUNGBLOOD, BOBBY  
Address: 1528 2ND STREET  
City-St-Zip: SOUTHPORT, FL 34209

I hereby 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 all other like empowered.

SIGNATURE: JESSE NEWELL

DST

04/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date