2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2008 08:00 AM DOCUMENT # N93000004441 1. Entity Name **Secretary of State** NEW GOLDEN KEY CLUB, INC. Principal Place of Business Mailing Address 4080 GILLETTE LANE 4080 GILLETTE LANE MARIANNA FL 32448 MARIANNA FL 32448 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito. Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3209991 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, AMOS Street Address (P.O. Box Number is Not Acceptable) 4282 GRAHAM ST MARIANNA FL 32448 City Zip Code 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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Bug stered Agont signations and arold when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition ROBINSON, AMOS NAME NAME 4282 GRAHAM ST STREET ADDRESS STREET ADDRESS 02/15/08-80014-022 61.25 MARIANNA FL 32448 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delote TITLE ☐ Change ☐ Addition WILSON, LEROY NAME MANAG 3751 OLD US RD STREET ADDRESS STREET ADDRESS MARIANNA FL 32448 CHY-ST-ZIP CITY- ST- ZIP TILLE Change Delete TITLE ContibbA [NAME SYLVESTER, DANNY NAME 4324 WOODBERRY RD STREET ADDRESS STREET ADDRESS MARIANNA FL 32448 CITY-ST-ZIP City-ST-ZiP TITLE Delete TITLE Change ڃ ☐ Addition NAME BAKER, ARTHUR NAME STREET ADDRESS 3690 BURBANK RD STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition ROBINSON, WALTER NAME NAME **4222 ROULHAS ST** STREET ADDRESS STREET ADDRESS MARIANNA FL CITY-ST-ZIE CITY-ST-ZiP TITLE Delete ■ Addition TITLE ☐ Change NAME NAME STRLET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY - ST - Z:P

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

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if changed, or on an attaching with an address, with all other like engrowered.

SIGNATURE: