2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000763

Surrent Bringing Blood of Buginess

Entity Name: WESTON FRIENDS CLUB INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1611 EASTLAKE WAY WESTON, FL 33326	US		
Current Mailing Address:		New Mailing Address:	
1611 EASTLAKE WAY WESTON, FL 33326	US		
FEI Number: 65-0558676	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:	
RUSSO, NANCY A 1611 EASTLAKE WAY WESTON, FL 33326	US		
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.			

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

New Principal Block of Business

(X) Change () Addition () Delete RUSSO, NANCY RUSSO, NANCY A Name: Name: Address: 1611 EASTLAKE WAY Address: 1611 EASTLAKE WAY City-St-Zip: WESTON, FL 33326 US City-St-Zip: WESTON, FL 33326 US (X) Change () Addition Title: () Delete Title: Name: MEYER, MARILYN Name: DUNLOP, NANCY Address: 1767 SYCAMORE TERRACE Address: 2512 JARDIN DRIVE City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327 Title: () Delete Title: (X) Change () Addition ROSSIO, RUTH RIEBMAN, ISABEL Name: Name: 13801 OAK RIDGE DRIVE 4032 PEPPER TREE DRIVE Address: Address: City-St-Zip: **DAVIE. FL 33325** City-St-Zip: WESTON, FL 33331 Title: () Delete Title: (X) Change () Addition YESBECK, FRANCES Name: Name: YESBECK, FRANCES 2276 QUAIL ROOST DRIVE 2276 QUAIL ROOST DRIVE Address: Address: City-St-Zip: WESTON, FL City-St-Zip: WESTON, FL 33327 Title: Title: () Delete () Change (X) Addition GOOD, JUDY Name: Name: Address: 1066 PINE BRANCH Address: WESTON, FL 33326 City-St-Zip: City-St-Zip:

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.

SIGNATURE: NANCY A. RUSSO P 04/24/2008