

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000763

FILED
Mar 19, 2009
Secretary of State

Entity Name: WESTON FRIENDS CLUB INC.

Current Principal Place of Business:

1611 EASTLAKE WAY
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1611 EASTLAKE WAY
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0558676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, NANCY A
1611 EASTLAKE WAY
WESTON, FL 33326 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 () Delete
Name: RUSSO, NANCY A
Address: 1611 EASTLAKE WAY
City-St-Zip: WESTON, FL 33326 US

Title: VP () Delete
Name: DUNLOP, NANCY
Address: 2512 JARDIN DRIVE
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: RIEBMAN, ISABEL
Address: 4032 PEPPER TREE DRIVE
City-St-Zip: WESTON, FL 33331

Title: T () Delete
Name: YESBECK, FRANCES
Address: 2276 QUAIL ROOST DRIVE
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: GOOD, JUDY
Address: 1066 PINE BRANCH
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

03/19/2009

Electronic Signature of Signing Officer or Director

Date