

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001124

FILED
Jan 29, 2009
Secretary of State

Entity Name: GOLDEN AGE CLUB, INC.

Current Principal Place of Business:

428 RACETRACK ROAD W
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 335
FT. WALTON BCH., FL 32549 US

New Mailing Address:

FEI Number: 59-3308859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICARRA, EDWARD
121 RAINBOW DR. NW
FT. WALTON BCH., FL 32548 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: ST () Delete
Name: JANELLE LEACH,
Address: 3025 BARLOW RD.
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: MOORE, RUTHIE
Address: 45 MAPLE LEAF AVE.
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: BEHNKEN, JOHANN
Address: 111 CLIFFORD DR.
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: SARGENT, JACQUE
Address: 709 CROWDER CT
City-St-Zip: FT WALTON BCH, FL 32547

Title: P () Delete
Name: FICARRA, EDWARD
Address: 121 RAINBOW DR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Delete
Name: REGAN, BERNIE
Address: 6 LINWQQD RD
City-St-Zip: FORT WALTON BEACH, FL 32547

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
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City-St-Zip:

Title: () Change () Addition
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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: EDWARD FICARRA

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date