2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N95000001191

Entity Name: NEWFOUNDLAND CLUB OF FLORIDA, INC.

Current Principal Place of Business:

3600 NW 20TH AVE.
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

3600 NW 20TH AVE.
BELL, FL 32619

New Mailing Address:

FEI Number: 59-3117287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALIFF, NANCY J
8161 BLUE QUILL
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ALIFF, NANCY J
957 GENTIAN CT
TALLAHASSEE, FL 32312 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.

SIGNATURE: _____ 06/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIS, GERALDINE
Address: 3600 NW 20TH AVE.
City-St-Zip: BELL, FL 32619

Title: EX A ( ) Delete
Name: SCHERNEKAU, BILL
Address: 1200 NW 73RD TERR
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete
Name: ALIFF, NANCY
Address: 8161 BLUE QUILL
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: RODENBOUGH, DENISE
Address: 214 OLD DIRT ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: SOWERS, JANET
Address: 7810 4TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: ALIFF, NANCY
Address: 957 GENTIAN CT
City-St-Zip: TALLAHASSEE, FL 32312

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 J ALIFF VP 06/16/2009
Electronic Signature of Signing Officer or Director — Date