

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003631

FILED
Feb 02, 2009
Secretary of State

Entity Name: RIVER CITY SINGLES CLUB, INC

Current Principal Place of Business:

1501 HENDRICKS AVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

196 LIGE BRANCH LN
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3440582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARDY, JOSEPHINE L
6523 STARLING AVE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WELLMAN, BARBARA A
196 LIGE BRANCH LN
JACKSONVILLE, FL 32259 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: BARBARA A WELLMAN

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WELLMAN, BARBARA
Address: 196 LIGE BRANCH LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: ANTONIELLO, PAT
Address: 3750 SILVER BLUFF BLVD #1806
City-St-Zip: ORANGE PARK, FL 32065

Title: TREA () Delete
Name: DUMAS, JOYCE
Address: MELISSA CT WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC () Delete
Name: REAVIS, CAROLE
Address: 6479 WHITE BLOSSOM CIR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANTONIELLO, DONA P
Address: 3750 SILVER BLUFF BLVD #1806
City-St-Zip: ORANGE PARK, FL 32065

Title: VP (X) Change () Addition
Name: DUMAS, JOYCE
Address: 4299 MELISSA CT W
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC (X) Change () Addition
Name: REAVIS, CAROLE
Address: 6479 WHITE BLOSSOM CIR
City-St-Zip: JACKSONVILLE, FL 32258

Title: TRES (X) Change () Addition
Name: WELLMAN, BARBARA A
Address: 196 LIGE BRANCH LN
City-St-Zip: JACKSONVILLE, FL 32259

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: BARBARA A WELLMAN

TREA

02/02/2009

Electronic Signature of Signing Officer or Director

Date