


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004295	
1. Entity Name MEMBERS ONLY SOCIAL CLUB CORPORATION	

Principal Place of Business 18170 NW 2ND AVE. MIAMI, FL 33169	Mailing Address 18170 NW 2ND AVE. MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0692400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RENNIE, REUBEN 18170 NW 2ND AVE. MIAMI, FL 33169
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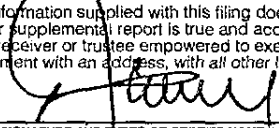
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNIE, REUBEN I 18170 NW 2ND AVE. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, PHIL 18170 NW 2ND AVE. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, HUGH 18170 NW 2ND AVE. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, ROLAND 18170 NW 2ND AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80058-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  ROLAND POWELL	25 JAN 05 3 05 PM 71677
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>