

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004295

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** MEMBERS ONLY SOCIAL CLUB CORPORATION

**Current Principal Place of Business:**

18170 NW 2ND AVE.  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18170 NW 2ND AVE.  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0692400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RENNIE, REUBEN  
18170 NW 2ND AVE.  
MIAMI, FL 33169 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: D ( ) Delete  
Name: RENNIE, REUBEN I  
Address: 18170 NW 2ND AVE.  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: WRIGHT, PHIL  
Address: 18170 NW 2ND AVE.  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: OSBORNE, HUGH  
Address: 18170 NW 2ND AVE.  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: POWELL, ROLAND  
Address: 18170 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROLAND POWELL

DIR

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date