

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002029

Entity Name: B/A SOCIAL CLUB, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

18675 US HWY 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

18675 US HWY 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

18675 US HWY 19 NORTH
LOT #319
CLEARWATER, FL 33764

FEI Number: 59-3558960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEEVAN, RONALD P
200 N GARDEN AVE, SUITE A
CLEARWATER, FL 33755 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: CARR, CLAIRA
Address: 18675 US HWY 19 N 4216
City-St-Zip: CLEARWATER, FL 33764

Title: DC () Delete
Name: MILLARD, AL
Address: 15675 HIGHWAY 19N #506
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: FRONTAIN, JEAN
Address: 18675 US HWY 19N 319
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: KATSUMA, RONALD
Address: 18675 US HWY. 19 NORTH, #447
City-St-Zip: CLEARWATER, FL 33764

Title: VD () Delete
Name: CAREY, TOMI
Address: 18675 US HWY. 19 NORTH, #165
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: STANLEY, LONA
Address: 18675 US HIGHWAY 19N #114
City-St-Zip: CLEARWATER, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MILLARD, AL
Address: 15675 HIGHWAY 19N #506
City-St-Zip: CLEARWATER, FL 33764

Title: TD (X) Change () Addition
Name: FRONTAIN, JOAN
Address: 18675 US HWY 19N 319
City-St-Zip: CLEARWATER, FL 33764

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 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: JOAN FRONTAIN

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date