

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003305

FILED
Mar 21, 2008
Secretary of State

Entity Name: MONSTER CLUB FOUNDATION SERVICES, INC.

Current Principal Place of Business:

329 NORTH PARK AVE
STE 300
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4961
ORLANDO, FL 328024961

New Mailing Address:

FEI Number: 59-3519114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 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: P () Delete
Name: LOWERY, BETTY M
Address: 1600 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: KRAMER, HOPE
Address: 4680 LAKE UNDERHILL ROAD
City-St-Zip: ORLANDO, FL 38807

Title: S () Delete
Name: JEPPESEN, NANCY
Address: 34 KEYES COURT
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: BROWN, DIANE J
Address: 520 N. SEMORAN BLVD., SUITE 230
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: STOUT, JAN
Address: 329 N. PARK AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: FULMORE, CORA
Address: 730 NINTH STREET
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: BETTY M. LOWERY

PRES

03/21/2008

Electronic Signature of Signing Officer or Director

Date