2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N98000003305

Entity Name: MONSTER CLUB FOUNDATION SERVICES, INC.

Current Principal Place of Business:

329 NORTH PARK AVE
STE 300
WINTER PARL, 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:	ORLANOD, 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 04/03/2009

Electronic Signature of Signing Officer or Director — Date