

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004628

FILED
Feb 11, 2009
Secretary of State

Entity Name: OUTDOOR ADVENTURES KLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5521 POLK SR
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5521 POLK SR
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0940112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDON, JORDAN
5521 POLK ST
HOLLYWOOD, FL 33021 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: FIERROS, TOM
Address: 5348 NE 6TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP () Delete
Name: BISNOW, ERIC
Address: 9925 NW 2ND STREET
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: LAMSON, NANCY
Address: 371 NW 156TH LN
City-St-Zip: HOLLYWOOD, FL 33028

Title: S () Delete
Name: LONDON, JORDAN
Address: 5521 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLMAN, RUBY J
Address: 5521 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP (X) Change () Addition
Name: ROGERS, GARY
Address: 4137 BOUGAINVILLE DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

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: RUBY J. ALLMAN

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date