

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047015

FILED
Apr 24, 2007
Secretary of State

Entity Name: ROOSEVELT RECREATION & SOCIAL CLUB, INC.

Current Principal Place of Business:

230 B STREET
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

230 B STREET
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3513454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MACK, JEROME
Address: 421 PEARL STREET
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: HAWKINS, ALBERT JR
Address: 156 GRANT STREET
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: HORNE, CLINTON
Address: 507 E POLK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: SD () Delete
Name: MANLEY, ALICE
Address: 510 CRESCENT CIRCLE
City-St-Zip: LAKE WALES, FL 33853

Title: PD () Delete
Name: HOWELL, TERRY
Address: 611 CARVER DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: HAWKINS, DOROTHY
Address: 325 OHIO ST.
City-St-Zip: LAKE WALES, FL 33853

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
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON HORNE

VD

04/24/2007

Electronic Signature of Signing Officer or Director

Date