

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010768

**Entity Name:** DOMINICA SOCIAL CLUB, INC.

**Current Principal Place of Business:**

1213 SW HERALD ROAD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

PO BOX 12563  
FORT PIERCE, FL 34979 3

**FEI Number: 27-1306793**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEBLANC, GABRIEL  
660 SE STOW TERRACE  
PORT ST. LUCIE, FL 34984 US

*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

**Officer/Director Detail :**

Title PD  
Name SORHAINDO, BENOIT  
Address 2330 THE OAKS BLVD  
City-State-Zip: KISSIMMEE FL 34746

Title VPD  
Name LEBLANC, RAMONA  
Address 660 SE STOW TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title SD  
Name GARRAWAY, GLORIA  
Address 6097 C DURHAM DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title TD  
Name LEBLANC, GABRIEL  
Address 660 SE STOW TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title D  
Name LEBLANC, MYLINE  
Address 1213 SW HERALD ROAD  
City-State-Zip: PORT ST. LUCIE FL 34953

*I hereby 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 all other like empowered.*

**SIGNATURE: GABRIEL LEBLANC**

**REGISGTERED AGENT**

**02/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date