

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744490

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE BUNKERS CLUB, INC.

Current Principal Place of Business:

333 CYPRESS WAY, EAST
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

333 CYPRESS WAY, EAST
NAPLES, FL 34110

New Mailing Address:

333 CYPRESS WAY, EAST
#105
NAPLES, FL 34110

FEI Number: 59-1930520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROTHER, JAMES
333 CYPRESS WAY E.
STE 105
NAPLES, FL 34110 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: PD () Delete
Name: HICKS, TROY
Address: 333 CYPRESS WAY E #101
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: HICKS, DOIN
Address: 333 CYPRESS WAY E., #205
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: STROTHER, PEGGY
Address: 333 CYPRESS WAY E., #105
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: STROTHER, JAMES
Address: 333 CYPRESS WAY E., #105
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GLIWISKI, DAN
Address: 333 CYPRESS WAY E #204
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: ROETTELE, TOM
Address: 333 CYPRESS WAY E #102
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HICKS, TROY
Address: 333 CYPRESS WAY E #101
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Change () Addition
Name: HICKS, DOIN
Address: 333 CYPRESS WAY E., #205
City-St-Zip: NAPLES, FL 34110

Title: TO (X) Change () Addition
Name: STROTHER, PEGGY
Address: 333 CYPRESS WAY E., #105
City-St-Zip: NAPLES, FL 34110

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: JAMES STROTHER

DS

04/06/2009

Electronic Signature of Signing Officer or Director

Date