# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2007**
**Secretary of State**

DOCUMENT# N00000000900

**Entity Name:** MID-FLORIDA ATHLETIC CLUB, INC.

**Current Principal Place of Business:**

38253 C.R. 439
EUSTIS, FL 32726

**New Principal Place of Business:**

405 LAKESHORE DRIVE
LEESBURG, FL 34748

**Current Mailing Address:**

PO BOX 1986
EUSTIS, FL 32727

**New Mailing Address:**

405 LAKESHORE DRIVE
LEESBURG, FL 34748

**FEI Number: 59-3623506** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BISHOP, STEVEN W
38253 C.R. 439
EUSTIS, FL 32726 US

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

HOFFMAN, JAMES L
405 LAKESHORE DRIVE
LEESBURG, FL 34748 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: JAMES L. HOFFMAN 04/19/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete
Name: BISHOP, STEVEN W
Address: 38253 CR 439
City-St-Zip: EUSTIS, FL 32736

Title: D ( ) Delete
Name: BRADLEY, BRANDY
Address: PO BOX 1986
City-St-Zip: EUSTIS, FL 32727

Title: VD ( ) Delete
Name: HOFFMAN, JAMES
Address: 405 LAKE SHORE DR
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Delete
Name: OUTLAW, MICHELLE L
Address: PO BOX 1986
City-St-Zip: EUSTIS, FL 32727

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: HOFFMAN, JAMES L
Address: 405 LAKESHORE DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Change ( ) Addition
Name: HOAGLAND, DOUG
Address: 405 LAKESHORE DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Change ( ) Addition
Name: WOODHAM, LES
Address: 405 LAKE SHORE DR
City-St-Zip: LEESBURG, FL 34748

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

SIGNATURE: JAMES L. HOFFMAN P 04/19/2007
Electronic Signature of Signing Officer or Director Date