

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000900

FILED
Jan 06, 2008
Secretary of State

Entity Name: MID-FLORIDA ATHLETIC CLUB, INC.

Current Principal Place of Business:

405 LAKESHORE DRIVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

405 LAKESHORE DRIVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3623506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JAMES L
405 LAKESHORE DRIVE
LEESBURG, FL 34748 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: HOFFMAN, JAMES L
Address: 405 LAKESHORE DRIVE
City-St-Zip: LEESBURG, FL 34748

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

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

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:

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 L HOFFMAN

PRES

01/06/2008

Electronic Signature of Signing Officer or Director

Date