

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003905

FILED
Mar 17, 2010
Secretary of State

Entity Name: FUN "T" CLUB CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

16502 SPRING VALLEY RD.
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

16502 SPRING VALLEY RD.
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 04-3626635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARGENT, EDWIN B
C/O 16502 SPRING VALLEY RD
DADE CITY, FL 33523 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
Name: HAMMATT, TOM
Address: 80 LARK AVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP
Name: LEWIS, DONALD L
Address: 14830 BOLAND AVE
City-St-Zip: SPRING HILL, FL 34610

Title: S
Name: CONGER, ALTHEA
Address: 109 13TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: T
Name: SARGENT, EDWIN
Address: C/O 16502 SPRING VALLEY RD
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: ROORDA, MILT
Address: 10025 TARPON SPRINGS RD
City-St-Zip: ODESSA, FL 33556

Title: D
Name: HERRMANN, PAUL
Address: 31311 PASCO RD
City-St-Zip: SAN ANTONIO, FL 33576

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: THOMAS HAMMATT

P

03/17/2010

Electronic Signature of Signing Officer or Director

_____ Date