

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006754

**Entity Name:** CLUB PURE, INC.**Current Principal Place of Business:**3731 OLEANDER AVE  
SUITE 109  
FORT PIERCE, FL, 34982**Current Mailing Address:**3731 OLEANDER AVE  
SUITE 109  
FORT PIERCE, FL, 34982 AF**FEI Number:** 46-3277220**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KHOURY, MISTY  
3731 OLEANDER AVE #109  
FORT PIERCE, FL 34982 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	PRESIDENT
Name	KHOURY, MISTY
Address	3946 SABAL WAY
City-State-Zip:	FORT PIERCE FL 34981

Title	DIRECTOR
Name	KRUEGER, KEVIN
Address	662 SE RON RICO TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	TREASURER
Name	LOWE, JOHN W
Address	458 SW EYERLY AVE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	DIRECTOR
Name	LOCKHART, ALEXIS A
Address	180 CAROL SUSAN LANE
City-State-Zip:	FORT PIERCE FL 34982

Title	VP
Name	KHOURY, NICOLAS
Address	3946 SABAL WAY
City-State-Zip:	FORT PIERCE FL 34981

Title	SECRETARY
Name	STOVER, EVELYN V
Address	1908 YORK COURT
City-State-Zip:	FORT PIERCE FL 34982

*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:** NICOLAS KHOURY

VP

03/01/2018

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