

2016 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	SECRETARY
Name	KRUEGER, CHRISTIE M
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	DELEON, SHAVON J
Address	266 SE KITCHING CIRCLE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	HEWETT, CONNIE R
Address	2625 SE IBIS AVE
City-State-Zip:	PORT SAINT LUCIE FL 34952

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: MISTY KHOURY

PRESIDENT

02/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date