# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 703386**

FILED Jan 13, 2009 Secretary of State

Entity Name: THE SILVER SPURS CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1875 E. IRLO BRONSON HWY.

KISSIMMEE, FL 34744 US

1875 SILVER SPUR LANE
KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

1875 SILVER SPUR LANE KISSIMMEE, FL 34744 US

FEI Number: 59-1111474 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KESSLER, MARK 319 WISCONSIN AVE ST. CLOUD, FL 34769 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:

- Flaterin Circulate of Decide and Asset

### Electronic Signature of Registered Agent

#### Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 PARTIN, DAVE
 Name:
 TYSON, CLAY W

 Address:
 5601 N. CANOE CREEK RD
 Address:
 4465 LA'SALLE AVE SOUTH

Address: 560 FN. CANOE CREEK RD Address: 4465 LA SALLE AVE SOUTH
City-St-Zip: KENANSVILLE, FL 34739 City-St-Zip: SAINT CLOUD, FL 34772

Title: SECT () Delete Title: SECT (X) Change () Addition

 Name:
 PARTIN, CINDY
 Name:
 BERLINSKY, SARA

 Address:
 5601 N. CANOE CREEK RD
 Address:
 1050 LIZA STREET

 City-St-Zip:
 KENANSVILLE, FL 34739
 City-St-Zip:
 SAINT CLOUD, FL 34769

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$ 

 Name:
 TYSON, CLAY
 Name:
 WHALEY, STEVEN

 Address:
 4465 LA'SALLE AVE SOUTH
 Address:
 5400 N. CANOE CREEK RD.

 City-St-Zip:
 SAINT CLOUD, FL 34772
 City-St-Zip:
 KENANSVILLE, FL 34739

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KEMPFER, HENRY
 Name:

 Address:
 ONE BUMBY ROAD
 Address:

 City-St-Zip:
 MELBOURNE, FL 32904
 City-St-Zip:

 $\label{eq:title:title:vp} \textit{Title:} \qquad \textit{VP} \qquad \textit{( ) Delete} \qquad \qquad \textit{Title:} \qquad \textit{VP} \qquad \textit{(X) Change ( ) Addition}$ 

Name: WHALEY, STEVE Name: BARTLE, CLINT

Address: 5400 N. CANOE CREEK RD Address: 1510 HENRY PARTIN RD.
City-St-Zip: KENANSVILLE, FL 34739 City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete Title: () Change () Addition

 Name:
 PARTIN, DOUGLAS
 Name:

 Address:
 PO BOX 99
 Address:

 City-St-Zip:
 KENANSVILLE, FL 34739
 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: W. CLAY TYSON PRES 01/13/2009