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Jul 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710279

1. Corporation Name
CHRISTOPHER CLUB, INC.

607004 - 90015 - 37

Principal Place of Business	Mailing Address
1515 RIDGEWOOD AVE HOLLYHILL FL 32117 US	1515 RIDGEWOOD AVE HOLLYHILL FL 32117 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7068143 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GILDARD, GEORGE J
3360 OCEAN SHORE BLVD
ORMOND BCH FL 32176

10. Name and Address of New Registered Agent

31 Name: RICHFORD, LEONARD
32 Street Address (P.O. Box Number is Not Acceptable): 147 MICHIGAN AVE
33
34 City: DAYTONA BEACH FL 35 Zip Code: 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Leonard Richford 8-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	GILDARD, GEORGE J.		1.2 NAME	RICHFORD, LEONARD	
STREET ADDRESS	3360 OCEAN SHORE BLVD		1.3 STREET ADDRESS	147 MICHIGAN AVE	
CITY-ST-ZIP	ORMOND BCH FL		1.4 CITY-ST-ZIP	DAYTON BEACH, FL 32114	
TITLE	D	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	FREDERICK, WILLIAM T		2.2 NAME	BURGHARDT, STANLEY	
STREET ADDRESS	111 PAPAYA DRIVE		2.3 STREET ADDRESS	421 SAND CREEK LANE	
CITY-ST-ZIP	ORMOND BCH. FL		2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174-4878	
TITLE	PD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	GREBLUNAS, JOSEPH A		3.2 NAME	GREBLUNAS, JOSEPH A.	
STREET ADDRESS	P.O. BOX 2105 N/A		3.3 STREET ADDRESS	P.O. BOX 2105	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32175-2105	
TITLE	VD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KASPER, ANDREW J		4.2 NAME	LESCH, GREGORY M.	
STREET ADDRESS	1817 HOPE DR		4.3 STREET ADDRESS	308 GATEWOOD CT.	
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174-4881	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROESCHNER, JOHN F		5.2 NAME		
STREET ADDRESS	825 CAREY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SO. DAYTONA FL 32119		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARONEY, WILLIAM J		6.2 NAME		
STREET ADDRESS	93 GOLF VIEW LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Greblunas **SIGNATURE REQUIRED** JOSEPH A. GREBLUNAS 7/23/99 (904) 673-5447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #