

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90091 034 \*\*\*\*61.25

**DOCUMENT # 710279**

1. Entity Name

CHRISTOPHER CLUB, INC.



Principal Place of Business

1515 RIDGEWOOD AVE  
HOLLYHILL FL 32117  
US

Mailing Address

36 ORMOND SHORES DR.  
ORMOND BEACH FL 32176  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7068143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

WALSH, JOHN P  
36 ORMOND SHORES DR.  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: SD ☐ Delete  
NAME: WALSH, JOHN P  
STREET ADDRESS: 36 ORMOND SHORES DR.  
CITY-ST-ZIP: ORMOND BEACH FL 32176

TITLE: TD ☒ Delete  
NAME: ORRIS, MICHAEL  
STREET ADDRESS: 6 MALAYAN DUN BEAR PATH  
CITY-ST-ZIP: ORMOND BEACH FL 32174

TITLE: D ☐ Delete  
NAME: LESCH, GREGORY M  
STREET ADDRESS: 305 GATEWOOD CT  
CITY-ST-ZIP: ORMOND BEACH FL 32174-4881

TITLE: D ☐ Delete  
NAME: MARONEY, WILLIAM J  
STREET ADDRESS: 93 GOLF VIEW LN  
CITY-ST-ZIP: ORMOND BEACH FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition  
NAME: Marusa, Edward A  
STREET ADDRESS: 1942 Teton Ln  
CITY-ST-ZIP: Port Orange, FL 32128

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 04 386677-1838  
Date Daytime Phone #