2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

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1. Entity Nam	ne	#710400 ATION CLUB, INC) .						01-1	8-2007	90098	: 049 ***	**70.00
Principal Place of Business 333 POMEGRANATE AVE SEBRING, FL 33871 US			333 P	Mailing Address 333 POMEGRANATE AVE SEBRING, FL 33871 US									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt, #, etc.			Suite, Apt. #, etc.					01042007 Chg-NP CR2E037 (12/08)					
City & State			City & State					1 50 4444000				Applied For Not Applicable	
Zip		Country	Zip		Cou	untry		5. Certifica	e of Status D	esired	ø	\$8.75 A	
	6. Name	and Address of Current	Registered	Agent]		7. Name ar	d Address o	f New Re	gistered .	Agent	
						Name							
WEISE, LARRY 118 KAROLA DRIVE SEBRING, FL 33870-1078				 - -			treet Address (P.O. Box Number is Not Acceptable)						
8 The above						City			-1- 1- 4- 0		FL	_	
	tions of regist	y submits this statement for terms agent.	or the purpo:	se or changing its	register	ea onice d	rtegister	eciagent, or t	om, in the St	ate or Hon		,	
SIGNATURE	Signature, typed	or period name of registered agent	and title if applic	able. (NOTE	: Registere	id Agent signe	oure required	when reinstating)	188 - 118 1111 - 118 18		DATE	12/07	7
SIGNATURE	Signature, typed	or period name of registered agent	and title if applic	9. Election Carr Trust Fund C	paign F	inancing	Eura required	when reinstating) \$5.00 May Added to Fee			DATE ke chec	/ 2 /07	to
AL C	Signature, typed	e is \$61.25 fay 1, 2007		9. Election Carr	ipaign F ontributi	inancing ion.		\$5.00 May Added to Fee	s	FiorId	DATE ke checi la Depar	k payable	to State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 HAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 863 - 385 - 2966 Daysime Phone #