

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717428

FILED
Apr 16, 2009
Secretary of State

Entity Name: CLUB CHARMANT, INC.

Current Principal Place of Business:

NW 44 AVE. RD.
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

4550 NW 160 ST
REDDICK, FL 32686

New Mailing Address:

FEI Number: 59-3218556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, PHILLIP III
4550 NW 160 STREET
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUEL, PHILLIP III
Address: 4550 NW 160TH ST
City-St-Zip: REDDICK, FL 32686

Title: FD () Delete
Name: WATERS, BILLY E
Address: 15900 NW 44 AVE RD
City-St-Zip: REDDICK, FL 32686

Title: SFD () Delete
Name: SAMUEL, THELMA
Address: 4550 NW 160TH STREET
City-St-Zip: REDDICK, FL 32686

Title: SD () Delete
Name: SIMMONS, EDNA
Address: 524 SW 12TH AVE
City-St-Zip: OCALA, FL 32447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FD (X) Change () Addition
Name: GALLMON, JACOB L
Address: 6526 SE 44TH CT
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PHILLIP SAMUEL, III

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date