


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90103 013 ****61.25

DOCUMENT # 717587					
1. Entity Name M. T. CLUB, INC.					
Principal Place of Business 60 WEST PELICAN ST. ISLES OF CAPRI NAPLES, FL 33962		Mailing Address 60 WEST PELICAN ST. ISLES OF CAPRI NAPLES, FL 33962			
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1439515	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHREVILLE, JOHN D QUARLES & BRADY 4501 TAMIAMI TRL N, #300 NAPLES, FL 34103			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	RD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENLEY, FRANK		NAME		
STREET ADDRESS	60 W PELICAN ST 501		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP		
TITLE	RD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, JAMES		NAME		
STREET ADDRESS	60 W PELICAN STREET #403		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34113		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEHMANN, BARBARA		NAME		
STREET ADDRESS	60 W PELICAN STREET #508		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34113		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BETZ, ANN MARIE		NAME		
STREET ADDRESS	60 W PELICAN ST, #804		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34113		CITY - ST - ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, LILLIAN G		NAME	M.D. Carpenter Sue Ann	
STREET ADDRESS	60 W PELICAN ST, #108		STREET ADDRESS	60 West Pelican Street	
CITY - ST - ZIP	NAPLES, FL 34113		CITY - ST - ZIP	Naples, FL 34113	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, LEE		NAME	D. Napoli, James	
STREET ADDRESS	60 W PELICAN ST 306		STREET ADDRESS	60 West Pelican Street	
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP	Naples, FL 34113	
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: <i>James Carter</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

Attachment

717587

54001588

January 14, 2004

M. T. CLUB, INC.
60 WEST PELICAN ST.
ISLES OF CAPRI
NAPLES, FL 34113

SUBJECT: M. T. CLUB, INC.
Ref. Number: 717587

We have received your document for M. T. CLUB, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 604A00002473

Attachment

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

717589

54801588

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue Reset

Start Over

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attachment

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Division of Corporations

Annual Report

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Document Number
717587

Business Entity Name
M. T. CLUB, INC.

pd. 12/31/03
#5173
ack #837
#717587
\$6125

Election Campaign Financing Trust Fund Contribution Yes No

57001588

Officer/Director Name And Address

Title	PD
Name (Last, First, Middle, Title)	CARTER JAMES
-or- Entity Name	
Street Address	60 W PELICAN ST 403
City, State	NAPLES FL
Zip Code & Country	34113
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	SD
Name (Last, First, Middle, Title)	LEHMANN BARBARA
-or- Entity Name	
Street Address	60 W PELICAN STREET #508
City, State	NAPLES FL
Zip Code & Country	34113
Title	AS
Name (Last, First, Middle, Title)	BETZ ANN MARIE
-or- Entity Name	
Street Address	60 W PELICAN ST, #804