

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# 717587

Entity Name: M. T. CLUB, INC.

Current Principal Place of Business:

60 WEST PELICAN ST.
ISLES OF CAPRI
NAPLES, FL 33962

New Principal Place of Business:

Current Mailing Address:

60 WEST PELICAN ST.
ISLES OF CAPRI
NAPLES, FL 33962

New Mailing Address:

FEI Number: 59-1439515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUMPHREVILLE, JOHN D
QUARLES & BRADY
4501 TAMiami TRL N, #300
NAPLES, FL 34103 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: CARTER, JAMES
Address: 60 W PELICAN STREET #403
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: LEHMANN, BARBARA
Address: 60 W PELICAN STREET #508
City-St-Zip: NAPLES, FL 34113

Title: AS () Delete
Name: BETZ, ANN MARIE
Address: 60 W PELICAN ST, #804
City-St-Zip: NAPLES, FL 34113

Title: MD () Delete
Name: CARPENTER, SUE ANN
Address: 60 WEST PELICAN STREET
City-St-Zip: NAPLES, FL 34113

Title: D (X) Delete
Name: NAPOLI, JAMES
Address: 60 W PELICAN ST
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: LEHMANN, BARBARA
Address: 60 W PELICAN STREET #508
City-St-Zip: NAPLES, FL 34113

Title: VP (X) Change () Addition
Name: BETZ, ANN MARIE
Address: 60 W PELICAN ST, #804
City-St-Zip: NAPLES, FL 34113

Title: SEC (X) Change () Addition
Name: MACHESNEY, JIM
Address: 60 WEST PELICAN STREET
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA LEHMANN

TR

05/01/2005

Electronic Signature of Signing Officer or Director

Date