

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90044 027 ****61.25

DOCUMENT # 721585	
1. Entity Name CHRISTOPHER CLUB OF OCALA, INC.	



40073333



Principal Place of Business 2301 N.E. 17 PLACE 101 OCALA, FL 34470	Mailing Address P.O. BOX 241 OCALA, FL 34478
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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04172007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7329929	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KUNZMANN, FRANK 5001 SW 20TH ST APT 4110 OCALA, FL 34474	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNSMANN, FRANK 5001 SW 20TH ST APT 4110 OCALA, FL 344748529 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMPSON, ROBERT 4565 SE 57TH LN OCALA, FL 344809401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTHEWS, RONALD 7576 SE 36TH AVE OCALA, FL 344807954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLAR, RICHARD 1301 WEST GLENEAGLES RD SUITE D OCALA, FL 344723357 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILLIAM JR 8107 SE 62ND LOOP OCALA, FL 34472 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOOTHOFF, KEVIN 3936 SE 23RD TERR OCALA, FL 344807166 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERALD BROWN 227 SE 89 TERRACE OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERARD FELICE 5120 SE 20ST OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM KOHLER 206 SE 44 TERRACE OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: FRANK KUNZMANN / FRANK KUNZMANN 4-20-07 352-854-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 721585

1. Entity Name
CHRISTOPHER CLUB OF OCALA, INC.



Principal Place of Business
2301 N.E. 17 PLACE
101
OCALA, FL 34470

Mailing Address
P.O. BOX 241
OCALA, FL 34478

40073359

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7329929

Applied For
Not Applicable

Zip

Country

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUNZMANN, FRANK
5001 SW 20TH ST
APT 4110
OCALA, FL 34474

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

Filing Fee is \$61.25
Due by May 1, 2007

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 PD
NAME KUNSMANN, FRANK ☐ Delete
STREET ADDRESS 5001 SW 20TH ST APT 4110
CITY-ST-ZIP OCALA, FL 34478529

TITLE VPD
NAME SIMPSON, ROBERT ☒ Delete
STREET ADDRESS 4565 SE 57TH LN
CITY-ST-ZIP OCALA, FL 344809401

TITLE TD
NAME MATTHEWS, RONALD ☐ Delete
STREET ADDRESS 7576 SE 36TH AVE
CITY-ST-ZIP OCALA, FL 344807954

TITLE SD
NAME MILLAR, RICHARD ☐ Delete
STREET ADDRESS 1301 WEST GLENEAGLES RD SUITE D
CITY-ST-ZIP OCALA, FL 344723357

TITLE D
NAME THOMPSON, WILLIAM JR ☒ Delete
STREET ADDRESS 8107 SE 62ND LOOP
CITY-ST-ZIP OCALA, FL 34472

TITLE D
NAME STOOHOF, KEVIN ☒ Delete
STREET ADDRESS 3936 SE 23RD TERR
CITY-ST-ZIP OCALA, FL 344807166

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD
NAME GERALD BROWN ☐ Change ☒ Addition
STREET ADDRESS 227 SE 89 TERRACE
CITY-ST-ZIP OCALA FL 34471

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

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

TITLE D
NAME GERARD FELICE ☐ Change ☒ Addition
STREET ADDRESS 5120 SE 20ST
CITY-ST-ZIP OCALA FL 34471

TITLE D
NAME WILLIAM KOHLER ☐ Change ☒ Addition
STREET ADDRESS 206 SE 44 TERRACE
CITY-ST-ZIP OCALA FL 34471

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK KUNZMANN 4-20-07 352-854-9363