

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721585

FILED
Apr 15, 2009
Secretary of State

Entity Name: CHRISTOPHER CLUB OF OCALA, INC.

Current Principal Place of Business:

2301 N.E. 17 PLACE
101
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 241
OCALA, FL 34478

New Mailing Address:

FEI Number: 23-7329929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNZMANN, FRANK
5001 SW 20TH ST
APT 4110
OCALA, FL 34474 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: KUNZMANN, FRANK
Address: 5001 SW 20TH ST APT 4110
City-St-Zip: OCALA, FL 344748529

Title: VPD () Delete
Name: BROWN, GERALD
Address: 227 SE 29TH TERRAC
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: MATTHEWS, RONALD
Address: 7576 SE 36TH AVE
City-St-Zip: OCALA, FL 344807954

Title: SD () Delete
Name: MILLAR, RICHARD
Address: 1301 WEST GLENEAGLES RD SUITE D
City-St-Zip: OCALA, FL 344723357

Title: D () Delete
Name: FELICE, GERARD
Address: 5120 SE 20ST STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: KOHLER, WILLIAM
Address: 206 SE 44TH TERRACR
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RONALD MATTHEWS

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date