

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# F05000002875

Entity Name: THE JUNIPER CLUB, INC.

Current Principal Place of Business:

18535 JUNIPER HUNT CLUB ROAD
FT MCCOY, FL 32124

New Principal Place of Business:

Current Mailing Address:

PO BOX 3552
LOUISVILLE, KY 40201

New Mailing Address:

FEI Number: 59-0527063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, GENE B
18535 JUNIPER HUNT CLUB ROAD
FT. MCCOY, FL 32124 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: CP () Delete
Name: REICHARD, K THOMAS
Address: PO BOX 3552
City-St-Zip: LOUISVILLE, KY 40201

Title: VCVP () Delete
Name: LANUM, ROBERT
Address: PO BOX 3552
City-St-Zip: LOUISVILLE, KY 40201

Title: S () Delete
Name: WHITTY, JOHN
Address: PO BOX 3552
City-St-Zip: LOUISVILLE, KY 40201

Title: T () Delete
Name: RICKERT, STEPHEN J
Address: PO BOX 3552
City-St-Zip: LOUISVILLE, KY 40201

Title: D () Delete
Name: SCHLEGAL, DAN
Address: PO BOX 3552
City-St-Zip: LOUISVILLE, KY 40201

Title: D () Delete
Name: REUTLINER, KENNETH III
Address: PO BOX 3552
City-St-Zip: LOUISVILLE, KY 40201

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: STEVE RICKERT

TREA

03/24/2009

Electronic Signature of Signing Officer or Director

Date