

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001038

FILED
Apr 27, 2004
Secretary of State**Entity Name:** MULTI-SPORT TRAINING CLUB, INC.**Current Principal Place of Business:**18055 US HWY 441
MT DORA, FL 32757**New Principal Place of Business:****Current Mailing Address:**18055 US HWY 441
MT DORA, FL 32757**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PORTER, ROBERT L
1203 MARSHALL COURT
EUSTIS, FL 32726 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: SD () Delete
Name: FREDERICK, DAVID
Address: 800 N. CENTRAL AVE
City-St-Zip: UMATILLA, FL 32784Title: D () Delete
Name: ROGERS, MICHAEL
Address: 2125 MORNINGSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757Title: VD () Delete
Name: LAROE, KENNETH E
Address: 2001 ABRAMS RD
City-St-Zip: EUSTIS, FL 32726Title: T () Delete
Name: WHITE, ROBERT
Address: 1320 MORNINGSIDE DR
City-St-Zip: MT DORA, FL 32757Title: PD () Delete
Name: PORTER, ROBERT L
Address: 1203 MARSHALL CT
City-St-Zip: EUSTIS, FL 32726**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:

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: ROBERT L. PORTER

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date