

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90008 036 \*\*\*\*70.00

**DOCUMENT # N01000002052**

1. Entity Name

P.A.T.'S KIDS CLUB, INC.



Principal Place of Business

1295 14 AVE N  
NAPLES FL 34102

Mailing Address

2706 S. HORSESHOE DR  
NAPLES FL 34104

44014563



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. BOX 11494

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
NAPLES, FL

4. FEI Number

59-3712845

Applied For

Not Applicable

Zip

Country

Zip

34101

Country

US

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, RICHARD  
30003 TAMiami TR N, #300  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

JOHN BEANE

Street Address (P.O. Box Number is Not Acceptable)

1700 CASEY KEY DR.

City

NAPLES

FL

Zip Code

33950

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	GARNETT, DEBI	
STREET ADDRESS	1295 14 AVE N	
CITY - ST - ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, JOHN	
STREET ADDRESS	801 BRICKELL AVE #2250	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, AMY	
STREET ADDRESS	801 LAUREL OAK DR	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, RICHARD	
STREET ADDRESS	30003 TAMiami TR. N, #300	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAUS, COLLEEN	
STREET ADDRESS	330 PINEHURST CIR	
CITY - ST - ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BEANE	
STREET ADDRESS	1700 CASEY KEY DR.	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL NICK	
STREET ADDRESS	2400 TAMiami TRAK N.	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANHA MUSTARI	
STREET ADDRESS	5811-12 AVE. N.W.	
CITY - ST - ZIP	NAPLES, FL 34116	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD MC DOWELL	
STREET ADDRESS	333 GALLEON DR.	
CITY - ST - ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG SOHN	
STREET ADDRESS	5801 PELICAN BAY BLVD.	
CITY - ST - ZIP	NAPLES, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH GARNEY	
STREET ADDRESS	430 2ND AVE. N.	
CITY - ST - ZIP	NAPLES, FL 34102	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 (239) 436-3910  
Date Daytime Phone #

Attachment

**Additional Board Members**

# No 1000002052  
44014565

D

Gail Friend  
5400 14th Ave. SW  
Naples, FL 34116

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