

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002052

FILED
Jan 10, 2007
Secretary of State

Entity Name: P.A.T.'S KIDS CLUB, INC.

Current Principal Place of Business:

1295 14 AVE N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11494
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3712845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNETT, DEBORAH
430 2ND. AVE. N.
NAPLES, FL 34102 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: BEANE, JOHN
Address: 1700 CASEY KEY DR.
City-St-Zip: PUNTA GORDA, FL 33950

Title: TR () Delete
Name: LARSON, JOAN
Address: 501 GOODLETTE RD.
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: MUSTARI, TANYA
Address: 5811 12TH AVE. SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: COMPTON, CHER
Address: 525 5TH ST. NW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: FRIEND, GAIL
Address: 5400 14TH AVE. SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: GARNETT, DEBI
Address: 430 2ND AVE. N.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: LIPPERT, JOSH
Address: 516 PORTSIDE DR
City-St-Zip: NAPLES, FL 34103

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 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: DEBI GARNETT

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date