


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90437 049 \*\*\*\*61.25

**DOCUMENT # N01000002558**

1. Entity Name  
**KOPY KATS CLUB OF ORMOND BEACH, INC.**



Principal Place of Business  
**351 ANDREWS STREET**  
**ORMOND BEACH, FL 32174-5209**

Mailing Address  
**351 ANDREWS STREET**  
**ORMOND BEACH, FL 32174-5209**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
**59-3754684**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

03072006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent

**REMSBURG, DORIS**  
**351 ANDREWS STREET**  
**ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Doris G. Remsburg* **20APR06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	REMSBURG, DORIS	
STREET ADDRESS	351 ANDREWS STREET	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	KILGORE, CHARLES R	
STREET ADDRESS	114 ANN RUSTIN DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDUFFEE, JUNE	
STREET ADDRESS	100 SILVER FERN COURT	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMSBURG, DORIS	
STREET ADDRESS	351 ANDREWS STREET	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIERZYKOWSKI, DOUGLAS	
STREET ADDRESS	137 GREEN FOREST DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *Douglas Mierzykowski* **DOUGLAS MIERZYKOWSKI** **20APR06** **(386)673-7248**

Signature and typed or printed name of signing officer or director Date Daytime Phone #