


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90038 019 \*\*\*\*61.25

<b>DOCUMENT # N01000002558</b>					
1. Entity Name KOPY KATS CLUB OF ORMOND BEACH, INC.					
Principal Place of Business 351 ANDREWS STREET <i>399 N US1</i> ORMOND BEACH, FL 32174-5209			Mailing Address 351 ANDREWS STREET <i>399 N US1</i> ORMOND BEACH, FL 32174-5209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3754684	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REMSBURG, DORIS 351 ANDREWS STREET ORMOND BEACH, FL 32174			Name <i>JEAN KAPLAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>399 N US1</i> City <i>ORMOND BEACH</i> FL Zip Code <i>32174</i>		
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 <i>Jean Kaplan</i>			(NOTE: Registered Agent signature required when reinstating)		DATE <i>4-7-08</i>
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REMSBURG, DORIS	NAME	<i>KAPLAN, JEAN</i>		
STREET ADDRESS	351 ANDREWS STREET	STREET ADDRESS	<i>399 N US1</i>		
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	<i>ORMOND BEACH FL 32174</i>		
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANKENSHIP, MERRY JANE	NAME	<i>MURPHY, AGGIE</i>		
STREET ADDRESS	1791 TAYLOR RD	STREET ADDRESS	<i>83 BRIDGE WATER LANE</i>		
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP	<i>ORMOND BEACH, FL 32174</i>		
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERDAR, SANDRA	NAME	<i>GALLANT, BRENDA</i>		
STREET ADDRESS	586 S RIDGEWOOD AVE	STREET ADDRESS	<i>72 BEAVER LAKE CIRCLE</i>		
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	<i>ORMOND BEACH, FL 32174</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Jean Kaplan</i>			Date <i>4-7-08</i>		Daytime Phone # <i>386-437-3287</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #