2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003905

FILED Mar 19, 2009 Secretary of State

Entity Name: FUN "T" CLUB CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business: 16502 SPRING VALLEY RD. DADE CITY, FL 33523 **Current Mailing Address: New Mailing Address:** 16502 SPRING VALLEY RD. DADE CITY, FL 33523 FEI Number: 04-3626635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SARGENT, EDWIN B C/O 16502 SPRING VALLEY RD DADE CITY, FL 33523 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SARGENT, EDWIN B HAMMATT, TOM Name: Name: C/O 16502 SPRING VALLEY RD Address: 80 LARK AVE Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: BROOKSVILLE, FL 34601 Title: Title: (X) Change () Addition () Delete LEWIS, DONALD L Name: LEWIS, DONALD L Name: Address: 14830 BOLAND AVENUE Address: 14830 BOLAND AVE City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: SPRING HILL, FL 34610 Title: () Delete Title: (X) Change () Addition NEWSOME, FRAN ROORDA, MILT Name: Name: 16502 SPRING VALLEY RD 10025 TARPON SPRINGS RD Address: Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: ODESSA, FL 33556 () Delete (X) Change () Addition Title: Title: SARGENT, EDWIN Name: GALLERANI, JOHN Name: C/O 16502 SPRING VALLEY RD Address: **5843 18TH STREET** Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: () Change (X) Addition CONGER, SCOTT Name: Name: 109 13TH AVE NE Address: Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33701 Title: () Delete Title: () Change (X) Addition HERRMANN, PAUL Name: Name: Address: Address: 31311 PASCO RD SAN ANTONIO, FL 33576 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TOM HAMMATT P 03/19/2009