

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000444

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** CLINT MCHENRY IAC CHAPTER 288, INC.

**Current Principal Place of Business:**

3161 LAFAYETTE LANIDNG DR.  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

3161 LAFAYETTE LANIDNG DR.  
DE LEON SPRINGS, FL 32130

**New Mailing Address:**

**FEI Number:** 75-2970433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LENZ-ANDERSON, CAROLINA VDP  
3161 LAFAYETTE LANIDNG DR.  
DE LEON SPRINGS, FL 32130 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  
**Name:** ANDERSON, RICHARD  
**Address:** 3161 LAFAYETTE LANIDNG DR.  
**City-St-Zip:** DE LEON SPRINGS, FL 32130

**Title:** VPD  
**Name:** LENZ-ANDERSON, CAROLINA  
**Address:** 3161 LAFAYETTE LANIDNG DR.  
**City-St-Zip:** DE LEON SPRINGS, FL 32130

**Title:** SVD  
**Name:** RIU, JACLYN  
**Address:** 1648 TAYLOR RD. #234  
**City-St-Zip:** PORT ORANGE, FL 32128

**Title:** TVD  
**Name:** LUETHI, ANDREA  
**Address:** 1648 TAYLOR RD. #234  
**City-St-Zip:** PORT ORANGE, FL 32128

I hereby 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 all other like empowered.

**SIGNATURE:** CAROLINA LENZ

VPD

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date