

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 15, 2005 8:00 am
Secretary of State**

03-15-2005 90031 009 ****70.00

DOCUMENT # N03000000921

1. Entity Name
THE AWOL CLUB, INC.



Principal Place of Business
1902 SE 39 TERRACE
CAPE CORAL, FL 33904

Mailing Address

1902 SE 39 TERRACE
CAPE CORAL, FL 33904

2. Principal Place of Business

1313 LAFAYETTE ST

Suite, Apt. #, etc.

3. Mailing Address

1919 SE 37TH TER

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

USA

Zip

33904

Country

USA

6. Name and Address of Current Registered Agent

GATLEY, DAVID
1902 SE 39 TERRACE
CAPE CORAL, FL 33904

Name

Herman Brueckner

Street Address (P.O. Box Number is Not Acceptable)

1919 SE 37TH TERRACE

City

Cape Coral FL

Zip Code

33904

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

3/3/05

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATLEY, DAVID		NAME	BRUECKNER, VICKI	
STREET ADDRESS	1902 SE 39 TERRACE		STREET ADDRESS	1919 SE 37 TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRCH, RAY		NAME	LAURA MCCORMICK	
STREET ADDRESS	1902 SE 39 TERRACE		STREET ADDRESS	1328 SE 6TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIANCANELLI, JOEY		NAME	TONY FONTAINE	
STREET ADDRESS	1902 SE 39 TERRACE		STREET ADDRESS	4348 SW 19 AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SITKA, BRUCE		NAME	NORMA SMITH	
STREET ADDRESS	1902 SE 39TH TERRACE		STREET ADDRESS	3935 COUNTRY CLUB DR	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUECKNER, HERMAN		NAME	BRUECKNER, HERMAN	
STREET ADDRESS	1902 SE 39 TERRACE		STREET ADDRESS	1919 SE 37 TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRCH, MARY ELLEN		NAME	DAISY JONES	
STREET ADDRESS	1902 SE 39 TERRACE		STREET ADDRESS	5150 YORK CT	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bruce SITKA

2/25/2005

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR