

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004209

FILED
Jan 08, 2004
Secretary of State

Entity Name: OUR PLACE RECREATION & TRAINING CENTER, INC.

Current Principal Place of Business:

20972 CORNELL AVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2532 RIO LISBO
PUNTA GORDA, FL 33950

Current Mailing Address:

20972 CORNELL AVE
PORT CHARLOTTE, FL 33952

New Mailing Address:

PO BOX 380579
MURDOCK, FL 33938 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REID, TINNA
20972 CORNELL AVE
PORT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

REID, TINNA
2532 RIO LISBO
PUNTA GORDA, FL 33950

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: TINNA REID

01/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REID, TINNA
Address: 20972 CORNELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: REID, AMERY
Address: 20972 CORNELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: BUCHANAN, CONRAD
Address: 1227 MOHAWK DR
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REID, TINNA
Address: 2532 RIO LISBO
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change () Addition
Name: REID, AMERY
Address: 2532 RIO LISBO
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TINNA REID

D

01/08/2004

Electronic Signature of Signing Officer or Director

Date