

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004209

FILED
Jul 02, 2007
Secretary of State

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

Current Principal Place of Business:

1449 RIPLEY STREET
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

PO BOX 380579
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 20-0211007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REID, TINNA
1449 RIPLEY STREET
NORTH PORT, FL 34286 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: D () Delete
Name: REID, TINNA
Address: 1449 RIPLEY STREET
City-St-Zip: NORTH PORT, FL 34286

Title: B () Delete
Name: PRINCE, HEATHER
Address: 23234 HEMENWAY
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: B () Delete
Name: SZPILA, NICOLE
Address: 23234 HEMENWAY
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: B (X) Change () Addition
Name: PRINCE, HEATHER
Address: 415 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MR. (X) Change () Addition
Name: FOSTER, BRANDON
Address: 415 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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: TINNA REID

D

07/02/2007

Electronic Signature of Signing Officer or Director

Date