

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 037 \*\*\*\*70.00

**DOCUMENT # N03000009887**

1. Entity Name

**ORGANIZATION FOR HEALTH AND FITNESS, INC.**



Principal Place of Business

**1547 BETTY LANE S.  
CLEARWATER FL 33756**

Mailing Address

**1547 BETTY LANE S.  
CLEARWATER FL 33756**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**52-2407505**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRANESE, ANTHONY P  
1014 DREW ST.  
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE: **PTD** ☐ Delete  
NAME: **KELLENBERGER, DENNIS**  
STREET ADDRESS: **1547 BETTY LANE S.**  
CITY-ST-ZIP: **CLEARWATER FL 33756**

TITLE: **VSD** ☐ Delete  
NAME: **DASO, RICK**  
STREET ADDRESS: **705 7TH ST. SE**  
CITY-ST-ZIP: **LARGO FL 33771**

TITLE: **BM** ☐ Delete  
NAME: **ZADEL, FRANCIS**  
STREET ADDRESS: **8349 OAKHURST RD**  
CITY-ST-ZIP: **SEMINOLE FL 33776**

TITLE: **BM** ☐ Delete  
NAME: **COOK, RONALD**  
STREET ADDRESS: **155 JOYCE STREET**  
CITY-ST-ZIP: **SAFETY HARBOR FL 34695**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]* **DENNIS KELLEBERGER** **May 4/26/06**