

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**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**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.28  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BM  
ZAZDEL, FRANCIS  
8340 OAKHURST RD  
SEMINOLE, FL 33776**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000712448  
04/26/07-80047-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

727-442-9414

727-638-4685