

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 031 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2407505

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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: If registered agent signature, name and title are required when requested.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**PTD
KELLENBERGER, DENNIS
1547 BETTY LANE S.
CLEARWATER FL 33756**

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

**Buy
LESLIE BELL
1000 58th ST NW
ST. PETE FL 33710**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**VSD
DASO, RICK
705 7TH ST. SE
LARGO FL 33771**

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

**Buy
LARRY MOORE
5036 Central Ave
St. Pete FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**BM
ZAZDEL, FRANCIS
8349 OAKHURST RD
SEMINOLE FL 33776**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Delete

**BM
COOK, RONALD
155 JOYCE STREET
SAFETY HARBOR FL 34695**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS KELLENBERGER

DATE

4/30/2008

727-638-4685