

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N03000009887

Entity Name: ORGANIZATION FOR HEALTH AND FITNESS, INC.

**Current Principal Place of Business:**

1547 BETTY LANE S.  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1547 BETTY LANE S.  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 52-2407505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRANESE, ANTHONY P  
1014 DREW ST.  
CLEARWATER, FL 33755      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: PTD      ( ) Delete  
Name: KELLENBERGER, DENNIS  
Address: 1547 BETTY LANE S.  
City-St-Zip: CLEARWATER, FL 33756

Title: VSD      ( ) Delete  
Name: DASO, RICK  
Address: 705 7TH ST. SE  
City-St-Zip: LARGO, FL 33771

Title: BM      ( ) Delete  
Name: ZAZDEL, FRANCIS  
Address: 8349 OAKHURST RD  
City-St-Zip: SEMINOLE, FL 33776

Title: BG      ( ) Delete  
Name: BELL, LESLY  
Address: 1000 58TH ST N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: BG      ( ) Delete  
Name: NOONTO, LARRY  
Address: 5036 CANTON AVE  
City-St-Zip: SAINT PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: DENNIS KELLENBERGER

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date