

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90017 018 \*\*\*\*61.25

<b>DOCUMENT # N04000009799</b>					
<b>1. Entity Name</b> JIM MORRIS FAN CLUB INC.					
<b>Principal Place of Business</b> # 326 1133 BAL HARBOR BLVD SUITE 1139 PUNTA GORDA, FL 33950			<b>Mailing Address</b> # 326 1133 BAL HARBOR BLVD SUITE 1139 PUNTA GORDA, FL 33950		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 37-1498291	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MORRIS, SHARON S 24275 PEPPERCORN ROAD PUNTA GORDA, FL 33955				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> D <b>NAME</b> HANMER, CHERIE <b>STREET ADDRESS</b> 3300 A SUNSET KEY CIRCLE <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> HIGGINS, BARBARA <b>STREET ADDRESS</b> 620 SW 51 TERRACE <b>CITY-ST-ZIP</b> CAPE CORAL, FL 33914	<input type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> THOMPSON, MARGE <b>STREET ADDRESS</b> 1133 BAL HARBOR BLVD #1139 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SHARON, MORRIS <b>STREET ADDRESS</b> 24275 PEPPERCORN ROAD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SUSKO, PEGGY <b>STREET ADDRESS</b> 1200 SW 31ST TERRACE <b>CITY-ST-ZIP</b> CAPE CORAL, FL 33914	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SUSKO, PEGGY <b>STREET ADDRESS</b> 225 NW 1139 Ave <b>CITY-ST-ZIP</b> Cape Coral FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> SUSKO, PEGGY <b>STREET ADDRESS</b> 225 NW 1139 Ave <b>CITY-ST-ZIP</b> Cape Coral FL 33993	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Barbara R Higgins</u> <u>Barbara R Higgins</u> <u>4/3/08</u> <u>239-542-3451</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					