

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009799

Entity Name: JIM MORRIS FAN CLUB INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

326 1133 BAL HARBOR BLVD
SUITE 1139
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

326 1133 BAL HARBOR BLVD
SUITE 1139
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 37-1498291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, SHARON S
24275 PEPPERCORN ROAD
PUNTA GORDA, FL 33955 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: D () Delete
Name: HANMER, CHERIE
Address: 3300 A SUNSET KEY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: T () Delete
Name: HIGGINS, BARBARA
Address: 620 SW 51 TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S () Delete
Name: THOMPSON, MARGE
Address: 1133 BAL HARBOR BLVD #1139
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D () Delete
Name: SHARON, MORRIS
Address: 24275 PEPPERCORN ROAD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: D () Delete
Name: SUSKO, PEGGY
Address: 225 NW 39 AVE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: HANCE, CONNIE
Address: 460 GASPARD KEY LANE
City-St-Zip: PUNTA GORDA, FL 33955

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: SHARON MORRIS

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date