

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011818

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA CLUBHOUSE COALITION, INC.

Current Principal Place of Business:

1717 NE 9TH STREET
BLDG A, STE 140
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1717 NE 9TH STREET
BLDG A, STE 140
GAINESVILLE, FL 32609

New Mailing Address:

7257 N.E 4TH BLVD.
318
GAINESVILLE, FL 32609

FEI Number: 22-3918471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMERS, MICHAEL J
1717 NE 9TH STREET
BLDG A, STE 140
GAINESVILLE, FL 32609 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: DP () Delete
Name: DEMERS, MICHAEL J
Address: 7257 4TH BLVD 318
City-St-Zip: GAINESVILLE, FL 326071600

Title: DVP () Delete
Name: PREZIOSO, VICTOR
Address: 3590 HWY 17/92 STE 1026
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: PREZIOSO, VIC
Address: 300 SOUTH BAY AVENUE
City-St-Zip: SANFORD, FL 32771

Title: DS (X) Delete
Name: CURTIS, JOYCE
Address: 217 N WABACH
City-St-Zip: LAKE LAND, FL 33815

Title: DT (X) Delete
Name: FINOUT, DIANNE
Address: 406 NE 1ST AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: BERNARD, ANDY
Address: 2101 N.E. 2ND STREET, APT. C-115
City-St-Zip: GAINESVILLE, FL 32609

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: MICHAEL J. DEMERS

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date