

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002148

FILED
Apr 22, 2009
Secretary of State

Entity Name: GOOD HEALTH CLUB, INC.

Current Principal Place of Business:

10871 SHIRLEY LANE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

10871 SHIRLEY LANE
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 65-0316091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRALICH, JOHN H
10871 SHIRLEY LANE
NORTH FORT MYERS, FL 33917 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: P () Delete
Name: FRALICH, JOHN H
Address: 10871 SHIRLEY LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP () Delete
Name: VINSON, CLIFFORD E
Address: 14791 DRAWDY RD.
City-St-Zip: FORT MYERS, FL 33905

Title: ST () Delete
Name: BLASS, ANITA
Address: 1873 FICHTER'S CREEK LANE
City-St-Zip: ALVA, FL 33920

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:

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: JOHN FRALICH

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date