

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004372

FILED
Mar 24, 2009
Secretary of State

Entity Name: COMMUNITY FUN & FITNESS CENTER INC.

Current Principal Place of Business:

6049 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

1234 GUNN HWY.
ODESSA, FL 33556 US

Current Mailing Address:

6049 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 20-8975866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVELAND, CHERYL
6049 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

CLEVELAND, CHERYL CEO
6049 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653 US

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: CHERYL CLEVELAND

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CLEVELAND, CHERYL B
Address: 6049 CANOPY OAKS CT
City-St-Zip: ODESSA, FL 34653 US

Title: D () Delete
Name: HETRICK, APRIL
Address: 14241 CHISHOLM LN
City-St-Zip: ODESSA, FL 33556 US

Title: VC () Delete
Name: VEREB, CORINNA S
Address: 14515 WATERLOO RD
City-St-Zip: ODESSA, FL 33556 US

Title: D () Delete
Name: SLEZ, BRENDA
Address: 66 PATTEN RD
City-St-Zip: WESTFORD, MA 01886

Title: D () Delete
Name: ALEMAGHIDES, GINGER
Address: 62 WEST LIME ST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: BEUTLICH, LAWRENCE R JR
Address: 1820 WEEKEND LANE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CLEVELAND, CHERYL B
Address: 6049 CANOPY OAKS CT
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: EO (X) Change () Addition
Name: CEYROLLES, RONALD
Address: 13715 FAREHAM DR
City-St-Zip: ODESSA, FL 33556 US

Title: EO (X) Change () Addition
Name: LEY, NATHAN
Address: 1325 GUNN HWY
City-St-Zip: ODESSA, FL 33556 US

Title: EO (X) Change () Addition
Name: MITCHELL, TRACY
Address: 7519 DUNBRIDGE DR
City-St-Zip: ODESSA, FL 33556 US

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

Title: EO (X) Change () Addition
Name: COMBAST, SHANNON
Address: 13229 INTERLAKEN RD
City-St-Zip: ODESSA, FL 33556 US

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: CHERYL CLEVELAND

CEO

03/24/2009

Electronic Signature of Signing Officer or Director

Date