

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004372

FILED
Apr 23, 2010
Secretary of State

Entity Name: COMMUNITY FUN & FITNESS CENTER INC.

Current Principal Place of Business:

1234 GUNN HWY.
ODESSA, FL 33556 US

New Principal Place of Business:

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 CEO
6049 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653 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: CEO
Name: CLEVELAND, CHERYL B
Address: 6049 CANOPY OAKS CT
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: EO
Name: CEYROLLES, RONALD
Address: 13715 FAREHAM DR
City-St-Zip: ODESSA, FL 33556 US

Title: EO
Name: LEY, NATHAN
Address: 1325 GUNN HWY
City-St-Zip: ODESSA, FL 33556 US

Title: EO
Name: MITCHELL, TRACY
Address: 7519 DUNBRIDGE DR
City-St-Zip: ODESSA, FL 33556 US

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

Title: EO
Name: COMBAST, SHANNON
Address: 13229 INTERLAKEN RD
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: CHERYL CLEVELAND

CEO

04/23/2010

Electronic Signature of Signing Officer or Director

Date