

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004724

FILED
Apr 07, 2009
Secretary of State

Entity Name: CENTRAL CATHOLIC CHAMPIONS CLUB, INC.

Current Principal Place of Business:

445 E MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

445 E MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952

New Mailing Address:

445 E. MERRITT ISLAND CSWY.
MERRITT ISLAND, FL 32952

FEI Number: 74-3215900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALY, PATRICK F
% GRAYROBINSON, P.A.
1800 W HIBISCUS BLVD - STE 138
MELBOURNE, FL 32901 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: CD () Delete
Name: ERDMAN, MIKE
Address: 445 E MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: LOSCHIVAO, LARRY
Address: 113 CITRUS AVENUE NE
City-St-Zip: PALM BAY, FL 32905

Title: VPD () Delete
Name: MCLAUGHLIN, MICHAEL
Address: 445 E MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: BAXTER, BETH
Address: 116 OAK GROVE LN
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: SANDERS, SUSAN
Address: 445 E MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: LUSSIER, TAMMY
Address: 445 E MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: MCLAUGHLIN, MICHAEL
Address: 445 E MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

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: MICHAEL H. ERDMAN

CD

04/07/2009

Electronic Signature of Signing Officer or Director

Date