

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004197

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: FINE FITNESS FOUNDATION, INC.

## Current Principal Place of Business:

1396 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

319 HIBISCUS STREET  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

1396 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

## New Mailing Address:

319 HIBISCUS STREET  
WEST PALM BEACH, FL 33401

FEI Number: 26-1285840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, RONNIE C  
1396 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

WRIGHT, RONNIE C  
319 HIBISCUS STREET  
WEST PALM BEACH, FL 33401 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:

01/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WRIGHT, RONNIE C  
Address: 1396 THE POINTE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Delete  
Name: KETCHUM, HARRY W  
Address: 1396 THE POINTE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: WRIGHT, RONNIE C  
Address: 1396 THE POINTE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: WRIGHT, RONNIE C  
Address: 319 HIBISCUS STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: S (X) Change ( ) Addition  
Name: WRIGHT, RONNIE C  
Address: 319 HIBISCUS STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

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: RONNIE C. WRIGHT

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date