


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N14041 1. Entity Name OUR CLUB, INC. |  |
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|---|---|
| Principal Place of Business 3218 GANDY BLVD TAMPA, FL 33611 | Mailing Address 3218 GANDY BLVD TAMPA, FL 33611 |
|---|---|

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-2783631 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HIKE, NOEL SR
5 PELICAN DR
4851 GANDY BLVD
TAMPA, FL 33611**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--------------------|---------------------------------------|
| TITLE SD | KUSHLMANN, INEZ |
| NAME | |
| STREET ADDRESS | 5003 E. COLONIAL DRIVE, APT. 1 |
| CITY-ST-ZIP | TAMPA, FL 33611 |
| TITLE TD | HIKE, NOEL |
| NAME | |
| STREET ADDRESS | S PELICAN DR |
| CITY-ST-ZIP | TAMPA, FL 33611 |
| TITLE CD | STADLER, ALVIS S |
| NAME | |
| STREET ADDRESS | 4606 W. CLIFFORD ST |
| CITY-ST-ZIP | TAMPA, FL 33611 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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U00000920396
05/14/08-80042-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Inez W Kuhlmann* **4-21-08-813 831-8157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secretary
Secretary