

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17646

FILED
Apr 21, 2005
Secretary of State

Entity Name: OUR CLUB HEALTH AND FITNESS CENTER, INC.

Current Principal Place of Business:

OUR CLUB HEALTH FITNESS
2200 AIA
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

OUR CLUB HEALTH FITNESS
2200 AIA
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2743069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GENOVA, JOHN R
1555 SENECA DRIVE
MELBOURNE, FL 32935 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: SD () Delete
Name: COURT, PAM
Address: 410 SCHOOL ROAD # 82
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: PD () Delete
Name: FASHANO, RON
Address: 521 PALMETTO DR
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: LEONARD, LORI
Address: 119 MARIAN ST
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D () Delete
Name: WEINSTEIN, RHODA
Address: 1755 N HWY # 602
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: KEANE, GERALD
Address: 310 SURF RD
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: QUILLEUX, IRENE
Address: 310 WATSON DR
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: LANE, GARY
Address: 418 4TH AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD (X) Change () Addition
Name: CLARKE, OLGA
Address: 359 HARWOOD AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RONALD FASHANO

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date