

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17646

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

OUR CLUB HEALTH FITNESS  
2200 NORTH 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 ( )**

**Name and Address of Current Registered Agent:**

MUTH, TIM PD  
511 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

DAVIS, CHARLES PD  
325 POLARIS DR  
SATELLITE BEACH, FL 32937 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: CHARLES DAVIS

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DAVIS, CHARLES  
Address: 325 POLARIS DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD  
Name: BARSKY, BARBARA  
Address: 661 HIBISCUS DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD  
Name: JORDAN, POLLY  
Address: 519 MC GUIRE BLVD  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: CHARLES DAVIS

PD

02/18/2011

Electronic Signature of Signing Officer or Director

Date