

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17646

FILED
Feb 06, 2012
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-2743069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: TD
Name: CHADBOURNE, THOMAS
Address: 1271 FREIL RD N.E.
City-St-Zip: PALM BAY, FL 32905

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

02/06/2012

Electronic Signature of Signing Officer or Director

Date