

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N26630	
1. Entity Name FORT MYERS COIN CLUB, INC.	



Principal Place of Business FT MYERS COIN CLUB INC P O BOX 6121 FT MYERS, FL 33911-6121 US	Mailing Address FT MYERS COIN CLUB INC P O BOX 6121 FT MYERS, FL 33911-6121 US
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01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GENNARO, MICHAEL A. 4635 S. DEL PRADO BLVD. CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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 restate[ing]) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEWIS, GARY 3424 SE 10TH AVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GENNARO, MICHAEL 4635 S DEL PRADO BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NELSON, HOWARD 523 SHADYSIDE ST LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COLLIER, JAMES 202 MAPLE AVE N FT. MYERS, FL 33922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/12/05-80020-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] Secretary 1/25/05 239-5423148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #