

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26630

FILED
Jan 31, 2007
Secretary of State

Entity Name: FORT MYERS COIN CLUB, INC.

Current Principal Place of Business:

FT MYERS COIN CLUB INC
P O BOX 6121
FT MYERS, FL 339116121 US

New Principal Place of Business:

FT MYERS COIN CLUB INC
4635 S. DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Current Mailing Address:

FT MYERS COIN CLUB INC
P O BOX 6121
FT MYERS, FL 339116121 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENNARO, MICHAEL A.
4635 S. DEL PRADO BLVD.
CAPE CORAL, FL 33904 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 () Delete
Name: LEWIS, GARY
Address: 3424 SE 10TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: GENNARO, MICHAEL
Address: 4635 S DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: NELSON, HOWARD
Address: 523 SHADYSIDE ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VPD () Delete
Name: COLLIER, JAMES
Address: 202 MAPLE AVE N
City-St-Zip: FT. MYERS, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY LEWIS

PD

01/31/2007

Electronic Signature of Signing Officer or Director

Date