

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 002 ****70.00

DOCUMENT # N26888

1. Entity Name

LOCKER ROOM CLUB, INC.



Principal Place of Business

HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744
US

Mailing Address

HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2865825

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25 + \$8.75
Due By May 1, 2008

\$70.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HINES, FRANK
STREET ADDRESS 1307 OAKWOOD CT.
CITY- ST- ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE TD
NAME HINES, EARLENE
STREET ADDRESS 1307 OAKWOOD CT
CITY- ST- ZIP KISSIMMEE FL ☐ Delete

TITLE VD
NAME HINES, FRANK S
STREET ADDRESS 1307 OAKWOOD CT
CITY- ST- ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE SD
NAME BOUTILIER, JULIE
STREET ADDRESS 3446 LASALLE AVE
CITY- ST- ZIP SAINT CLOUD FL 34772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VD
NAME FRANK S. HINES
STREET ADDRESS 4421 ALDRITTON RD
CITY- ST- ZIP ST. CLOUD, FL 34772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

EARLENE HINES

4/30/08

407-846-6287