

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26888

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: LOCKER ROOM CLUB, INC.

## Current Principal Place of Business:

HINES, FRANK  
1307 OAKWOOD CT.  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

## Current Mailing Address:

HINES, FRANK  
1307 OAKWOOD CT.  
KISSIMMEE, FL 34744 US

## New Mailing Address:

FEI Number: 59-2865825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINES, FRANK  
1307 OAKWOOD CT.  
KISSIMMEE, FL 34744 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: HINES, FRANK  
Address: 1307 OAKWOOD CT.  
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete  
Name: HINES, EARLENE  
Address: 1307 OAKWOOD CT  
City-St-Zip: KISSIMMEE, FL

Title: VD ( ) Delete  
Name: HINES, FRANK S  
Address: 4421 ALBRITTON RD.  
City-St-Zip: SAINT CLOUD, FL 34772

Title: SD ( ) Delete  
Name: BOUTILIER, JULIE  
Address: 3446 LASALLE AVE  
City-St-Zip: SAINT CLOUD, FL 34772

## 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 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: FRANK J. HINES

DIR

04/26/2009

Electronic Signature of Signing Officer or Director

Date