## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 08, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # N42417 A CLUB, INC.					-08-2007 !	-		
Principal Plac 325 WAYMOI 101 LAKE MARY,	NT CT	Mailing Address 325 WAYMONT CT 101 LAKE MARY, FL 32746	US		, .   100			il Birli Birli Fib	18 P. B. (BB)
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032007 Chg	3-NP	CR2E03	37 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-3055766	3	•	<u> </u>	oplied For ot Applicable
Zip	Country	Zip.	Country		5. Cortificate of Stat			\$8.75 Add	fitional
	6. Name and Address of Current	Registered Agent		—···-	7. Name and Addre	ess of New R	Registered A	Agent	
YOUNG, LONNIE			Name						
325 WAYN	MONT CT, STE 101 RY, FL 32746		Street Address (			ot Acceptable	e)		
	•								
:			City	FL Zip Code					
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re-	gistered office or	registered	l agent, or both, in th	ne State of Flo	orida. I am f	iamiliar with,	and accept
\$3.	• •								
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signatu	ие гедикеd wh	en reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if applicable. (NOTE: R  9. Election Camp. Trust Fund Cor	aign Financing	\$	5.00 May Be		lake check	payable to	
<del></del>	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	□ <b>\$</b>	5.00 May Be	Flor	lake check ida Depart	tment of St	tate
•	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P GOUDPASTURP, KEVIN 2180 WEST SR 434, #100	9. Election Camp Trust Fund Cor	aign Financing ntribution.	□ <b>\$</b>	5.00 May Be dded to Fees	Flor	lake check ida Depart	tment of St	tate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P GOUDPASTURP, KEVIN	9. Election Camp. Trust Fund Cor RECTORS  Delete	aign Financing ntribution.  11. TIILE NAME STREET ADDRESS	□ <b>\$</b>	5.00 May Be dded to Fees	Flor	lake check ida Depart	RECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P GOUDPASTURP, KEVIN 2180 WEST SR 434, #100 LONGWOOD, FL 32779 T VANDENWERKEN, RICH 313 FOREST AVE	9. Election Camp. Trust Fund Cor RECTORS  Delete	aign Financing ntribution.  11. TIILE NAME STREEI ADDRESS CITY-SI-ZIP TIILE NAME STREEI ADDRESS	\$ AO   AO   PRES:   F. R. A.	5.00 May Be dded to Fees  DITIONS/CHANGES	Flor	take check ida Depart	RECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P GOUDPASTURP, KEVIN 2180 WEST SR 434, #100 LONGWOOD, FL 32779 T VANDENWERKEN, RICH 313 FOREST AVE ALTAMONTE SPRINGS, FL 327 VP FRANK, ROBERT 1280 S FLORAL WAY	9. Election Camp. Trust Fund Cor RECTORS Delete Delete	aign Financing ntribution.  11. TIILE NAME STREEI ADDRESS CITY-SI-ZIP TIILE NAME STREEI ADDRESS CITY-SI-ZIP TIILE NAME STREEI ADDRESS CITY-SI-ZIP TIILE NAME STREEI ADDRESS	PRESSIF RAMINATION AND ADDRESSIF RAMINATION AND ADDRESSIF RAMINATION AND ADDRESSIF AND	5.00 May Be dded to Fees  DITIONS/CHANGES  DITIONS/CHANGES  OF T  NK. Polent  S. FLORA  OKA FL  SURER  N SCHWAR  TUSKAWILL	Flor STO ÖFFICE 	RS AND DIF	Change  Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P GOUDPASTURP, KEVIN 2180 WEST SR 434, #100 LONGWOOD, FL 32779 T VANDENWERKEN, RICH 313 FOREST AVE ALTAMONTE SPRINGS, FL 327 VP FRANK, ROBERT 1280 S FLORAL WAY	9. Election Camp. Trust Fund Cor RECTORS  Delete  Delete	aign Financing ntribution.  11.  TIILE NAME STREEI ADDRESS CITY-SI-ZIP TIILE NAME STREEI ADDRESS STREEI ADDRESS	PRESSIF RAMINATION VICE DON 256	5.00 May Be dded to Fees  DITIONS/CHANGES  DITIONS/CHANGES  OF T  NK. Bolent  S. FLORA  OKA FL  SURER  N SCHWAR	Flor STO OFFICE STO OFFICE WAY 32703 273 CA Rd FL 3	Ace checkida Depart	Change  Change	Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

Daytime Phone #