## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003182

Entity Name: PAST PRESIDENTS CLUB INC

FILED Mar 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

23111 HARBORVIEW ROAD CHARLOTTE HARBOR, FL 33980

Current Mailing Address: New Mailing Address:

23111 HARBORVIEW ROAD CHARLOTTE HARBOR, FL 33980

FEI Number: 65-0880312 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUNTER, RUSSELL G DEBRAY, THOMAS H
1512 RIO DE JANEIRO #227 3463 DESOTO DRIVE

PUNTA GORDA, FL 33983 US PUNTA GORDA, FL 33983 US

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: THOMAS H. DEBRAY 03/08/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LOWE, DAVID C
 Name:
 ANDERSON, PAUL G

 Address:
 2294 PRAGUE LANE
 Address:
 4806 SW COUNTRY RD, #769

City-St-Zip: PORT CHARLOTTE, FL 33983 City-St-Zip: ARCADIA, FL 34269

Title: VPT ( ) Delete Title: VPT (X) Change ( ) Addition

 Name:
 HUNTER, ROSE MAIRE
 Name:
 DENNISON, BILL

 Address:
 1512 RIO DE JANEIRO AVE, #227
 Address:
 3564 VESSELS ROAD

 City-St-Zip:
 PUNTA GORDA, FL 33953
 City-St-Zip:
 PORT CHARLOTTE, FL 33980

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DANILISON, ROBERT A
 Name:

 Address:
 2625 ROYAL PALM DRIVE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34280
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ANDERSON, PAUL G
 Name:

 Address:
 4806 SW COUNTRY RD, #769
 Address:

 City-St-Zip:
 ARCADIA, FL 34269
 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: PAUL G. ANDERSON PD 03/08/2007