


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90075 027 \*\*\*\*70.00


<b>DOCUMENT # N98000003361</b>	
1. Entity Name U - TEN CLUB INC.	

Principal Place of Business 17438 SLADY HILL RD SPRING HILL, FL 34610 US	Mailing Address PO BOX 11174 SPRING HILL, FL 34610 US
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2. Principal Place of Business - No P.O. Box # <b>17438 SHADY HILLS RD</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

400000



01042008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
WILLIAMS, LOIS H 18600 MONTEVERDE DR SPRING HILL, FL 34610	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GIMA, MIKE
STREET ADDRESS	16434 FALKIRK LN
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	P <input type="checkbox"/> Delete
NAME	GIOIELLI, FRANK
STREET ADDRESS	18600 MONTEVERDE DR
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	D <input type="checkbox"/> Delete
NAME	MCINTOSH, JERR
STREET ADDRESS	16332 FALKIRK LN
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	VPD <input type="checkbox"/> Delete
NAME	MANDERS, JOHN
STREET ADDRESS	16036 BONNIE BRAE CT
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LOIS
STREET ADDRESS	18600 MONTE VERDE DR
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	D <input type="checkbox"/> Delete
NAME	LAMA, SAL
STREET ADDRESS	17820 MONTEVERDE DR
CITY-ST-ZIP	SPRING HILL, FL 34610

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Bomhoff
STREET ADDRESS	18541 MONTEVERDE DR
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Lois
STREET ADDRESS	18600 MONTEVERDE DR
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **1/8/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #