

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003361

FILED
Jan 06, 2009
Secretary of State

Entity Name: U - TEN CLUB INC.

Current Principal Place of Business:

17438 SHADY HILLS RD
SPRING HILL, FL 34610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11174
SPRING HILL, FL 34610 US

New Mailing Address:

FEI Number: 05-0566523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, LOIS H
18600 MONTEVERDE DR
SPRING HILL, FL 34610 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: SD () Delete
Name: BOMHOFF, PHILIP
Address: 18541 MONTEVERDE DR
City-St-Zip: SPRING HILL, FL 34610

Title: P () Delete
Name: GIOIELLI, FRANK
Address: 18600 MONTEVERDE DR
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: MCINTOSH, JERR
Address: 16332 FALKIRK LN
City-St-Zip: SPRING HILL, FL 34610

Title: VPD () Delete
Name: MANDERS, JOHN
Address: 16036 BONNIE BRAE CT
City-St-Zip: SPRING HILL, FL 34610

Title: TD () Delete
Name: WILLIAMS, LOIS
Address: 18600 MONTEVERDE DR
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: LAMA, SAL
Address: 17820 MONTEVERDE DR
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HART, DON
Address: 16244 FRINGE TREE DR.
City-St-Zip: SPRING HILL, FL 34610 PA

Title: D (X) Change () Addition
Name: MCINTOSH, JERRY
Address: 16332 FALKIRK LN
City-St-Zip: SPRING HILL, FL 34610

Title: VPD (X) Change () Addition
Name: BLAZIER, JACK
Address: 17640 DANSVILLE DRIVE
City-St-Zip: SPRING HILL, FL 34610 PA

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: LOIS WILLIAMS

TREA

01/06/2009

Electronic Signature of Signing Officer or Director

Date