

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027269

FILED
Jul 27, 2008
Secretary of State

Entity Name: AMERICAN SENIOR FITNESS ASSOCIATION INC

Current Principal Place of Business:

1949 WEST PARK AVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2575
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3713362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JANIE T
818 CRAIG ST
NEW SMYRNA BEACH, FL 32168 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: CLARK, JANIE T
Address: 818 CRAIG STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VS () Delete
Name: CLARK, ROBERT G
Address: 818 CRAIG STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIE T. CLARK

CPT

07/27/2008

Electronic Signature of Signing Officer or Director

Date