

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701544 (9)

1. Corporation Name
THE TOUCHDOWN CLUB OF GREATER FORT LAUDERDALE, I NC.



Principal Place of Business
**P O BOX 70838
FT LAUDERDALE FL 33307**

Mailing Address
**P O BOX 70838
FT LAUDERDALE FL 33307**

3. Date incorporated or Qualified
10/15/1960

3a. Date of Last Report
02/06/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0128658

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
 \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent
**HAURY, WILLIAM
4875 N FEDERAL HWY
10TH FLOOR
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEISSING, MATTHEW	
STREET ADDRESS	200 SE 9 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEINERS, JOHN	
STREET ADDRESS	1915 NE 33 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TELLI, BILL	
STREET ADDRESS	833 S FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REILLY, MIKE	
STREET ADDRESS	4875 N. FEDERAL HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMAMARA, KEVIN	
STREET ADDRESS	3305 NE 33 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDWIN, FRED	
STREET ADDRESS	2207 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meiners, John	
1.3 STREET ADDRESS	1915 NE 33 Avenue	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Telli, Bill	
2.3 STREET ADDRESS	633 S. Federal Hwy.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roberts, Douglas	
3.3 STREET ADDRESS	888 NW 62 Street	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800001796648	
4.3 STREET ADDRESS	-04/26/96--01087--006	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Linda LaPerna	
5.3 STREET ADDRESS	3559 NW 53 Street	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Krueger, Paul	
6.3 STREET ADDRESS	2755 E. Oakland Park Blvd.	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Linda LaPerna Linda LaPerna, Executive Secretary 4/11/96 (405)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 56-11-2696 Day 84-777

CR2E037 (12/95)