

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 | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0128658 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| HAURY, WILLIAM 4875 N FEDERAL HWY 10TH FLOOR FT LAUDERDALE FL 33308 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code |
| | FL |

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEISSING, MATTHEW | 1.2 NAME | Meiners, John |
| STREET ADDRESS | 200 SE 9 STREET | 1.3 STREET ADDRESS | 1915 NE 33 Avenue |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEINERS, JOHN | 2.2 NAME | Telli, Bill |
| STREET ADDRESS | 1915 NE 33 AVE | 2.3 STREET ADDRESS | 633 S. Federal Hwy. |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TELLI, BILL | 3.2 NAME | Roberts, Douglas |
| STREET ADDRESS | 633 S FEDERAL HWY | 3.3 STREET ADDRESS | 888 NW 62 Street |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REILLY, MIKE | 4.2 NAME | 800001796648 |
| STREET ADDRESS | 4875 N. FEDERAL HWY. | 4.3 STREET ADDRESS | -04/26/96--01087--006 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 4.4 CITY-ST-ZIP | ***61.25 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCMAMARA, KEVIN | 5.2 NAME | Linda LaPerna |
| STREET ADDRESS | 3305 NE 33 STREET | 5.3 STREET ADDRESS | 3559 NW 53 Street |
| CITY-ST-ZIP | FT LAUDERDALE FL | 5.4 CITY-ST-ZIP | Ft. Lauderdale, FL |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALDWIN, FRED | 6.2 NAME | Krueger, Paul |
| STREET ADDRESS | 2207 S. ANDREWS AVE. | 6.3 STREET ADDRESS | 2755 E. Oakland Park Blvd. |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 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: SG-11-26-96 Date: 84-777

CR2E037 (12/95)