

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757583** (0)
1. Corporation Name
LEOPARD QUARTERBACK CLUB OF BROOKSVILLE, INC.



Principal Place of Business 200 E. KELLY STREET P.O. BOX 633 BROOKSVILLE FL 34605-7633	Mailing Address 200 E. KELLY STREET P.O. BOX 633 BROOKSVILLE FL 34605-7633
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3. Date Incorporated or Qualified 04/15/1981	
4. FEI Number 59-2269062	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUTTON, DON. 24446 LAKE LINDSEY RD. BROOKSVILLE FL 34604
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10. Name and Address of New Registered Agent 81 Name Ronald Snider 82 Street Address (P.O. Box Number is Not Acceptable) 11472 Stringer Road 83 84 City Brooksville FL 85 Zip Code 34601
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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 *Ronald Snider* **Ronald Snider** **07-27-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME HALL, VERNON	
STREET ADDRESS 41 OLIVE STREET	
CITY-ST-ZIP BROOKSVILLE FL 34601	
TITLE SD	<input type="checkbox"/> DELETE
NAME HALL, MARITZA	
STREET ADDRESS 41 OLIVE STREET	
CITY-ST-ZIP BROOKSVILLE FL 34601	
TITLE VD	<input type="checkbox"/> DELETE
NAME LANE, ROBERT A	
STREET ADDRESS 26100 OLYMPIA RD.	
CITY-ST-ZIP BROOKSVILLE FL 34601	
TITLE TD	<input type="checkbox"/> DELETE
NAME LANE, GWENDOLYN	
STREET ADDRESS 26100 OLYMPIA RD.	
CITY-ST-ZIP BROOKSVILLE FL 34601	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Charles L. Schneider Jr.	
1.3 STREET ADDRESS 15264 BRICE DR	
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34601	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ANA J. TRINQUE	
2.3 STREET ADDRESS 5493 Valley Spring Dr.	
2.4 CITY-ST-ZIP BROOKSVILLE, FL 34601	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Ronald Snider	
3.3 STREET ADDRESS 11472 Stringer Road	
3.4 CITY-ST-ZIP Brooksville FL 34601	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Linda Schneider	
4.3 STREET ADDRESS 15264 BRICE DR	
4.4 CITY-ST-ZIP BROOKSVILLE, FL 34601	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Ana J. Trinque* **Ana J. Trinque** **7/28/98** **352-799-5514**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)