FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:56

DOCUMENT # **N01673** **(5)**

1. Corporation Name
CLOVERLEAF STUDIO 9, INC.

Principal Place of Business	Mailing Address
% CARL A. JOHNSON 900 N. BROAD STREET. #2029 BROOKSVILLE FL 34601	% CARL A. JOHNSON 900 N. BROAD STREET. #2029 BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1984
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2662815 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 900 N. Broad St.	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Brooksville, Fl	28 City & State
24 Zip: 34601 25 Country: Hernando	29 Zip 30 Country

9. Name and Address of Current Registered Agent

TOMBRINK, RICHARD JR.
200 WEST FORT DADE AVE.,
BROOKSVILLE FL 33512

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 607.0502 and 607.1508, 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 607.0505, 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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	JOHNSON, CARL A.	12 NAME	JOHNSON, CARL A	
STREET ADDRESS	900-2029 US 41 NORTH	13 STREET ADDRESS	900 N. Broad St. #2029	
CITY-ST-ZIP	BROOKSVILLE FL	14 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	HEAKD, HELMA	22 NAME	HEARD, HELMA	
STREET ADDRESS	900 4160 US 41 NORTH	23 STREET ADDRESS	900 N. Broad St. #4160	
CITY-ST-ZIP	BROOKSVILLE FL	24 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	STARK, BENJAMIN E.	32 NAME	Stark, Benjamin E.	
STREET ADDRESS	900-2027 U S 41 NORTH	33 STREET ADDRESS	900 N. Broad St. #2027	
CITY-ST-ZIP	BROOKSVILLE FL	34 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	MIESSE, LENORE	42 NAME	MIESSE, LENORE	
STREET ADDRESS	900-9 US 41 N	43 STREET ADDRESS	900 N. Broad St. #9	
CITY-ST-ZIP	BROOKSVILLE FL	44 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Carl A. Johnson 3/10/95 904 796-5570
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0084717

CLOVERLEAF STUDIO 9, INC.
900 N. Broad Street, #2029
BROOKSVILLE, FL 34601

March 28, 1995

FLORIDA DEPARTMENT OF STATE

Ref. Number 1673

Att: Cynthia Hendrixson

TO WHOM IT MAY CONCERN:

Cloverleaf Studio #9, Inc. is a non profit Corporation, Broadcasting messages thru out the community and operated by volunteers on a closed circuit television system at Cloverleaf Farms.

Our apologies for overlooking to check the required squares.

Trusting this will clear the matter, we remain

Sincerely
Cloverleaf Studio 9, Inc.

Carl Johnson, President