


FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002156

1. Corporation Name

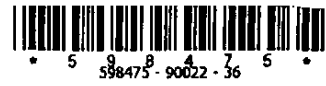
COWBOY CLUB OF ST. LUCIE CO., INC.

Principal Place of Business

4898 ST LUCIE BLVD
 FT PIERCE FL 34946

Mailing Address

P O BOX 923
 FT PIERCE FL 34954



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/14/1997
22 City & State	27 City & State	4. FEI Number
23 Zip Country	29 Zip Country	65-0415548
24	30	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCELLELAN, KEVIN 2651 TWIN OAKS TRAIL FT PIERCE FL 34945		81 Name Haves, Allen 82 Street Address (P.O. Box Number is Not Acceptable) 87 Pinewood Lane 83 84 City Ft. Pierce, FL 85 Zip Code 34947	

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: *[Signature]* DATE: **7/22/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCELLELAN, KEVIN	1.2 NAME	Richards, Arinda
STREET ADDRESS	4898 ST LUCIE BLVD	1.3 STREET ADDRESS	4898 St. Lucie Blvd.
CITY-ST-ZIP	FT PIERCE FL 34946	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34946
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, ALLEN	2.2 NAME	
STREET ADDRESS	4898 ST LUCIE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, CHARLENE	3.2 NAME	
STREET ADDRESS	4898 ST LUCIE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **7/1/99** DAYTIME PHONE: **561-461-4732**

CR2E037 (1/798)