

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739215 (2)

1. Corporation Name

AL KAREEM CLUB OF PINELLAS COUNTY, INCORPORATED

Principal Place of Business

Mailing Address

7415 PINE VALLEY LANE
SEMINOLE FL 34646

7415 PINE VALLEY LANE
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1977

3a. Date of Last Report

04/14/1994

4. FEI Number

59-1822286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEZ, MARY JANE
7415 PINE VALLEY LANE
SEMINOLE FL 34646

81 Name

Same

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ELLIS, ELAINE

STREET ADDRESS

350 PINELLAS BAYWAY #5

CITY - ST - ZIP

TERRA VERDA FL

TITLE

TD

NAME

BEZ, MARY JANE

STREET ADDRESS

7415 PINE VALLEY LANE

CITY - ST - ZIP

SEMINOLE, FL 00000

TITLE

VD

NAME

SAMAAN, MARCELLE

STREET ADDRESS

1827 CHESAPEAKE CT.

CITY - ST - ZIP

OLDSMAR FL

TITLE

SD

NAME

HAYECK, ELAIN

STREET ADDRESS

4321 SUMMER SUN DR

CITY - ST - ZIP

NEW PT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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: MARY JANE BEZ - Mary Jane Bez

4-3-95

813-377-4083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (SEE INSTRUCTIONS)

Date

Daytime Phone #