

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 FEB -6 PM 12:01

DOCUMENT # 701544 (9)

1. Corporation Name

THE TOUCHDOWN CLUB OF GREATER FORT LAUDERDALE, I
NC.

Principal Place of Business

Mailing Address

P O BOX 70838
FT LAUDERDALE FL 33307

P O BOX 70838
FT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1960

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0128658

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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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

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

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	P
NAME	HAURY, BILL
STREET ADDRESS	4875 N. FEDERAL HWY.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	V
NAME	WEISSING, MATTHEW
STREET ADDRESS	200 SE 9 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	MEINERS, JOHN
STREET ADDRESS	1915 N.E. 33RD AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	REILLY, MIKE
STREET ADDRESS	4875 N. FEDERAL HWY.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	TELLI, BILL
STREET ADDRESS	633 S. FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	BALDWIN, FRED
STREET ADDRESS	2207 S. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Weissing, Matthew	
1.3 STREET ADDRESS	200 SE 9 Street	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Meiners, John	
2.3 STREET ADDRESS	1915 NE 33 Avenue	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	Telli, Bill	
3.3 STREET ADDRESS	633 S. Federal Hwy.	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	McNamara, Kevin	
5.3 STREET ADDRESS	3305 NE 33 Street	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(4), Florida Statutes. I further certify that the information included in 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 in an attachment with an address.

SIGNATURE:

Linda LaPerna

Linda LaPerna, Executive

1/30/95

(305) 484-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #