

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701550 (6)

1. Corporation Name

CLEARWATER TOUCHDOWN CLUB, INC.

Principal Place of Business

P. O. BOX 68
CLEARWATER FL 34617

Mailing Address

P. O. BOX 68
CLEARWATER FL 34617



3. Date Incorporated or Qualified
10/17/1960

3a. Date of Last Report
10/19/1995

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

FISCHER, RODNEY S
30031 US HWY 19 N
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to 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, 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 D
NAME MCFARLAND, DON
STREET ADDRESS 311 S MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MARTIN, DICK
STREET ADDRESS 30826 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PMD
NAME FISCHER, RODNEY S.
STREET ADDRESS 30031 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL 34684

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CARLEY, DAVE
STREET ADDRESS P.O. BOX 539 N/A
CITY-ST-ZIP CLEARWATER FL 34615

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MANGUS, JOE
STREET ADDRESS 231 S COMMERCE DR
CITY-ST-ZIP LARGO FL 34615

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME RENFROE, C.E., JR.
STREET ADDRESS 502 ALTHEA RD.
CITY-ST-ZIP BELLEAIR FL 34615

DELETE

6.1 TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96

813-797-8389

CR2E037 (12/95)