FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

SIGNATURE:

701550

(6)

Mailing Address

CLEARWATER TOUCHDOWN CLUB, INC.

FILED Feb 09 1998 8:00am Secretary of State

2-2-98

535-1003

P. O. BOX 68 CLEARWATER FL 34617					P. O. BOX 68 Clearwater Fl. 34617						3. Date Incorporated or Qualified 10/17/1960				
											4, FEI Number				pplied For
2 Principal	Place of Busin	2000		20	Mailina	Address					59-26964	b/			ot Applicable
21 P.O. 6	30x 68	CLW,FL	33757	26	Po.	BOX68	, cla	o, FL	3375	57	Certificate of Sta			Fee R	Additional equired
Sulte, Apt. #, etc.					Suite, Apt. #, etc.						6. Election Campai			\$5.00	
City & State					City & State						Trust Fund Contr			Added t	
23					28						7. Is this nonprofit corporation a homeowners association?				
Zip		Country	;		Zip		_	Country	4		8. This corporation		·		
24	6 Neme	and Address	of Current P	29	red Ac	ant .	30				Personal Propert 10. Name and Addr				N o
	B, (401110	ana Assissa	O CONTON	· · · · · · · · · · · · · · · · · · ·	100 71	, , , , , , , , , , , , , , , , , , ,		81	Name		10, Hama alla Addi	000 01 11011 111	- Mistoradi	- your	
MANG	10 10E								 _						
MANGUS, JOE 6980 ULMERTON RD									82 Street Address (P.O. Box Number is Not Acceptable)						
#1A 83															
	FL 33771							⊢							
								84					FL		Code
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.															
agent.	am familiar wi	th, and accept	the obligation	ns of,	Section	617.0503	, Florida	Statute	s.	ADI GLIO					rogiatarou
SIGNATURE	Sec.	or printed name of	Mary Mary					Pno	SIDA	1			2 - 2 -9	8	
***	Printyre, typed		egiste et agent a CERS AND D			Ð. ((NOTE: Re	gistered Age	ant signature	required	when reinstating)				OC 151 40
12.	<u> </u>	OFF1	CENS AND L	JINEU		DELETE		1.1 TITLE			ADDITIONS/CHAN	IGES TO OFFIC	CENS AND	Change	Addition
NAME	ALAND	DAT I				C DEFETT	•	1.2 NAME	ł					Onlings	Addition
	ALAND, PAT J s 11193 SEMINOLE BLVD							1.3 STREET ADDRESS							
STREET ADDRESS	LARGO		.10				ł		1						·
CITY-ST-ZIP	D	FL				DELETE		1.4 CITY - 5 2.1 TITLE	1-210					Change	Addition
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STREET ADDRESS	ASSAULANCE MULES				T T			2.3 STREET ADDRESS							
	REDDINGTON SHORES FL							2.4 City-St-Zip							
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NAME		R, RODNEY	S		'			3.2 NAME							
STREET ADDRESS		JS HWY 19 N					ł	3.3 STREET	ADDRESS						
CITY-ST-ZIP	CLEARY					3.4. CITY-ST-ZIP									
TITLE	D		~~~			DELETE		4.1 TITLE			<u> </u>			Change	Addition
NAME	1 -	r, frank					- 1	4. 2 NAME	ſ						
STREET ADDRESS		JS HWY 19 N	10.				- 1	4.3 STREET	ADDRESS						
CITY-ST-ZIP		VATER FL					ı	4.4 CITY-S							
TITLE	P					DELETE		5.1 TITLE						Change	Addition
NAME	MANGU	S, JOE						5.2 NAME	1					-	ľ
STREET ADDRESS		LMERTON RD)					5.3 STREET	ADDRESS						
CITY-ST-ZIP	LARGO	FL						5.4 CITY-S	- 1						
TITLE	D					DELETE		6.1 TITLE						Change	Addition
NAME		STEVE						6.2 NAME							Ì
STREET ADDRESS	611 DR	UID ROAD, S	UITE 101-1	02			8	6.3 STREET	ADDRESS [-		ſ
CITY-ST-ZIP	CLEARY	VATER FL						6.4 CITY-S	T-ZIP			·			
14. I hereby	certify that the	e information s	upplied with	this fili	ng doe	s not quali	fy for hi	exemp	tion stated	d in Se	ection 119.07(3)(i). Flo shall have the same le ed by Chapter 617, Flo	rida Statutes. I	further cer	tify that the	Information
officer of	r director of the	e corporation of changed, or o	or the receive	er or tri	ustee e	mpowered	to dec	ute this i	report as	require	ed by Chapter 617, Flo	orida Statutes;		y name ap	