


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90082 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701550					
1. Corporation Name CLEARWATER TOUCHDOWN CLUB, INC.					
Principal Place of Business P O BOX 68 CLEARWATER FL 33757 US			Mailing Address P O BOX 68 CLEARWATER FL 33757 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/17/1960 4. FEI Number 59-2696467 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 MANGUS, JOE 6980 ULMERTON RD #1A LARGO FL 33771				10. Name and Address of New Registered Agent 81 Name <i>John McGuire</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>1173 NE Cleveland</i> 83 84 City <i>Clearwater</i> FL 85 Zip Code <i>33755</i>	
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 <i>[Signature]</i> DATE <i>3-29-99</i>					

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME <i>D</i> STREET ADDRESS <i>ALAND, PAT J</i> CITY-ST-ZIP <i>11193 SEMINOLE BLVD LARGO FL</i>				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <i>D</i> 1.3 STREET ADDRESS <i>Rick Vega</i> 1.4 CITY-ST-ZIP <i>1173 NE Cleveland Clearwater, FL 33755</i>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>D</i> STREET ADDRESS <i>FUHRMAN, EUGEN</i> CITY-ST-ZIP <i>17814 GULF BLVD BEDDINGTON SHORES FL</i>				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <i>P</i> 2.3 STREET ADDRESS <i>John McGuire</i> 2.4 CITY-ST-ZIP <i>1173 NE Cleveland Clearwater, FL 33755</i>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>CBD</i> STREET ADDRESS <i>FISCHER, RODNEY-S.</i> CITY-ST-ZIP <i>30031 US HWY 19 N CLEARWATER FL</i>				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>D</i> STREET ADDRESS <i>WALKER, FRANK</i> CITY-ST-ZIP <i>17556 US HWY 19 NO. CLEARWATER FL</i>				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>P</i> STREET ADDRESS <i>MANGUS, JOE</i> CITY-ST-ZIP <i>6980 ULMERTON RD LARGO FL</i>				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <i>D</i> STREET ADDRESS <i>WATTS, STEVE</i> CITY-ST-ZIP <i>611 DRUID ROAD, SUITE 101-102 CLEARWATER FL</i>				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

7659