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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:14

DOCUMENT # 708390 (0)

1. Corporation Name

CLEWISTON COUNTRY CLUB, INC.

Principal Place of Business

SAN LUIS AVENUE
P.O. BOX 1105
CLEWISTON FL 33440

Mailing Address

SAN LUIS AVENUE
P.O. BOX 1105
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1965

3a. Date of Last Report

03/18/1994

4. FEI Number

59-1099972

Applied For

Not Applicable

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

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

BASS, ROBERT H.
440 E. AZTEC AVENUE
CLEWISTON FL 33440

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BASS, ROBERT H.

STREET ADDRESS

440 E HAITI AVENUE

CITY - ST - ZIP

CLEWISTON FL

1 1 TITLE

☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

TITLE

VD

NAME

WHITE, HAROLD C

STREET ADDRESS

205 CORONA AVE

CITY - ST - ZIP

CLEWISTON FL

2 1 TITLE

☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

TITLE

STD

NAME

PERRY, JOHN C.

STREET ADDRESS

715 LAUREL ST.

CITY - ST - ZIP

CLEWISTON FL

3 1 TITLE

☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 1 TITLE

☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5 1 TITLE

☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Perry

John C. Perry

4-6-95

813-983-9164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number