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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **708390** **(0)**

1. Corporation Name

CLEWISTON COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
SAN LUIS AVENUE P.O. BOX 1105 CLEWISTON FL 33440	SAN LUIS AVENUE P.O. BOX 1105 CLEWISTON FL 33440-1105

3. Date Incorporated or Qualified: 01/29/1965
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 59-1099972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: LINDA S. PELHAM
82 Street Address (P.O. Box Number is Not Acceptable): 707 HOOVER DIKE RD. #302
83: CLEWISTON, FL 33440
84 City: CLEWISTON **FL** 85 Zip Code: 33440

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: Linda S. Pelham LINDA S. PELHAM PRESIDENT — 2/21/97
(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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BASS, ROBERT H.		1.2 NAME	LINDA S. PELHAM	
STREET ADDRESS	440 E HAITI AVENUE		1.3 STREET ADDRESS	707 HOOVER DIKE RD. #302	
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WHITE, HAROLD C		2.2 NAME	MARY ANN MARTIN	
STREET ADDRESS	205 CORONA AVE		2.3 STREET ADDRESS	511 E. DEL MONTE AV.	
CITY-ST-ZIP	CLEWISTON FL		2. 4 CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	PERRY, JOHN C.		3.2 NAME	GAIL CASTELLANOS	
STREET ADDRESS	715 LAUREL ST.		3.3 STREET ADDRESS	500 N. FRANCISCO AV.#208	
CITY-ST-ZIP	CLEWISTON FL		3.4. CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Linda S. Pelham LINDA S. PELHAM, PRESIDENT 2/21/97 (941)983-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0042593