

**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

Page 1 of 2

**DOCUMENT # 710279 (1)**

1. Corporation Name  
**CHRISTOPHER CLUB, INC.**



Principal Place of Business Mailing Address  
**1515 RIDGEWOOD AVE HOLLYHILL FL 32117 US**

3. Date Incorporated or Qualified **01/31/1966** 3a. Date of Last Report **04/19/1995**  
4. FEI Number **23-7068143** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GILDARD, GEORGE J  
3360 OCEAN SHORE BLVD  
ORMOND BCH FL 32176**

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 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 w/ or reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>GILDARD, GEORGE J.</b>
STREET ADDRESS	<b>3360 OCEAN SHORE BLVD</b>
CITY-ST-ZIP	<b>ORMOND BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FREDERICK, WILLIAM T</b>
STREET ADDRESS	<b>111 PAPAYA DRICE</b>
CITY-ST-ZIP	<b>ORMOND BCH. FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GREBLUNAS, JOSEPH A</b>
STREET ADDRESS	<b>P O BOX 2105 N/A</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>KASPER, ANDREW J</b>
STREET ADDRESS	<b>1817 HOPE DR</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>GROESCHNER, JOHN F</b>
STREET ADDRESS	<b>825 CAREY DR</b>
CITY-ST-ZIP	<b>SO. DAYTONA FL 32119</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARONEY, WILLIAM J</b>
STREET ADDRESS	<b>93 GOLF VIEW LN</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>32176</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>32174</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>32175</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>32176</b>

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:** *William J. Maroney* **3/20/1996** (904) 677-5249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

710279

2 of 2

The Following names are to be added to the list of  
Officers and Directors of the Christopher Club Inc.

PD

Burghardt, Stanley J.  
421 Sand Creek Lane  
Ormond Beach, Fl. 32174

D

Howley, John P.  
123 Imperial Heights Dr.  
Ormond Beach, Fl. 32176

D

Petrowski, Louis S.  
1313 Northside Dr.  
Ormond Beach, Fl. 32174

Thank you;

*William J. Maroney*  
William J. Maroney, Director