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FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 710279**

**(1)**

1. Corporation Name

**CHRISTOPHER CLUB, INC.**



Principal Place of Business

Mailing Address

**1515 RIDGEWOOD AVE  
HOLLYHILL FL 32117  
US**

**1515 RIDGEWOOD AVE  
HOLLYHILL FL 32117-2219  
US**

3. Date Incorporated or Qualified  
**01/31/1966**

3a. Date of Last Report  
**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**30**

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

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE  
NAME **GILDARD, GEORGE J.**  
STREET ADDRESS **3360 OCEAN SHORE BLVD**  
CITY-ST-ZIP **ORMOND BCH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FREDERICK, WILLIAM T**  
STREET ADDRESS **111 PAPAYA DRIVE**  
CITY-ST-ZIP **ORMOND BCH. FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **GREBLUNAS, JOSEPH A**  
STREET ADDRESS **P O BOX 2105 N/A**  
CITY-ST-ZIP **ORMOND BEACH FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PD GREBLUNAS, JOSEPH A**  
3.3 STREET ADDRESS **P.O. BOX 2105 N/A**  
3.4 CITY-ST-ZIP **ORMOND BEACH, FL**

TITLE **VD** ☐ DELETE  
NAME **KASPER, ANDREW J**  
STREET ADDRESS **1817 HOPE DR**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **GROESCHNER, JOHN F**  
STREET ADDRESS **825 CAREY DR**  
CITY-ST-ZIP **SO. DAYTONA FL 32119**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MARONEY, WILLIAM J**  
STREET ADDRESS **93 GOLF VIEW LN**  
CITY-ST-ZIP **ORMOND BEACH FL**

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 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: *William J. Maroney* **WILLIAM J. MARONEY** 4/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0002126

CR2E037 (9/96)