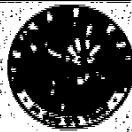


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710415 (1)

1. Corporation Name

EL JOBEAN COMMUNITY LEAGUE, INC.

Principal Place of Business

Mailing Address

14344 JAMISON WAY
P.O. BOX 27123
EL JOBEAN FL 33927

14344 JAMISON WAY
P.O. BOX 27123
EL JOBEAN FL 33927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1966

3a. Date of Last Report

03/07/1994

4. FEI Number

59-2793800

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABERNATHY, HARVEY
14578 RIVER BCH DR
STE 916
EL JOBEAN FL 33927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400001525014

83 -06/27/95--01118--021

84 City ****155.00 ****155.00
FL 05 28 0308

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 607.0509, 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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ABERNATHY, HARVEY	PO BOX 3338 N/A	MURDOCK FL
S	GASTON, SANDRA	PO BOX 3338 N/A	MURDOCK FL
D	SHERER, SHIRLEY	4192 BARDOT RD	EL JOBEAN FL
T	DAVIS, BETTY	14508 FRIZZELL RD	PT CHARLOTTE FL
D	DENNY, JANICE	4133 NETTLE AVE.	PT CHARLOTTE FL
V	SHARP, WILMA	14508 FRIZZELL RD	PT CHARLOTTE FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
SEC	RANDY SPINCE	P.O. BOX 2723	P.C. 71
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TEC	ED DONOVAN	5485 DAVID BND	P.C. 71A
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
V.P.O.	RANDY SPINCE	P.O. BOX 2723	P.C. 71

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)(b), 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 registered agent or authorized representative of the corporation or the registered agent, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #