FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ABERNATHY, HARVEY
14578 RIVER BCH DR
STE 316
EL JOBEAN FL 33927

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
400001525014
-06/27/95--01118--021
83 ****155.00 ****155.00
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] CEO 5/22/95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ABERNATHY, HARVEY	1.2 NAME	
STREET ADDRESS	PO BOX 3336 N/A	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	MURDOCK FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE Sec.	☐ Change ☐ Addition
NAME	~~GASDON, SANDRA~~ RANDY SPINCE	2.2 NAME	RANDY SPINCE
STREET ADDRESS	~~PO BOX 3336 N/A~~ P.O. Box 2723	2.3 STREET ADDRESS	P.O. Box 2723
CITY-ST-ZIP	~~MURDOCK FL~~ P.C. FL	2.4 CITY-ST-ZIP	P.C. FL
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SHERER, SHIRLEY	3.2 NAME	
STREET ADDRESS	4192 BARDOT RD	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	EL JOBEAN FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE Tres	☐ Change ☐ Addition
NAME	~~DAVIS, BETTY~~ ED DONOVAN	4.2 NAME	ED DONOVAN
STREET ADDRESS	~~14300 ARMADA RD~~ 5485 DAVIS BLVD	4.3 STREET ADDRESS	5485 DAVIS BLVD
CITY-ST-ZIP	~~PT CHARLOTTE FL~~ P.C. FL.	4.4 CITY-ST-ZIP	P.C. FL.
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DENNY, JANICE	5.2 NAME	
STREET ADDRESS	4133 NETTLE AVE.	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	PT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE V.Pres	☐ Change ☐ Addition
NAME	SHARP, WILMA	6.2 NAME	RANDY SPINCE
STREET ADDRESS	14508 FRIZZELL RD	6.3 STREET ADDRESS	P.O. Box 2723
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP	P.C. FL

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)(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: [signature] CEO 5/20/95 355-5621
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0083110