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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 718007 (8)

1. Corporation Name

ROCKFORD ILLINOIS CLUB, INC.

Principal Place of Business

Mailing Address

4324 TAHITIAN GARDENS CIR., UNIT C
HOLIDAY FL 34691

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HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1970	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2916481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC CLURE, EDITH C
4912 FILNER ST.
NEW PORT RICHEY FL 34652

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, WARREN C.	1.2 NAME	
STREET ADDRESS	4324 TAHITIAN GARDENS "C"	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLASKI, GUS <i>Harold Kegel</i>	2.2 NAME	
STREET ADDRESS	5153 CICERO DR. <i>1542 East Dr.</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL <i>Clearwater, FL</i>	2.4 CITY - ST - ZIP	<i>Clearwater, FL 34615</i>
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLANK, ELMER <i>Robert Kosian</i>	3.2 NAME	
STREET ADDRESS	323 SAN SALVADOR DR. <i>2635 Flintwood Dr</i>	3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL <i>Holiday, FL</i>	3.4 CITY - ST - ZIP	<i>Holiday, FL 34690</i>
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSIAN, PAULINE	4.2 NAME	
STREET ADDRESS	5808 OAK HILL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, MARTIN	5.2 NAME	
STREET ADDRESS	1525 ROUND TREE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, GEORGE	6.2 NAME	
STREET ADDRESS	5230 HAWK DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	6.4 CITY - ST - ZIP	

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 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: *Pauline Kosian, Secty* 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #