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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:31

DOCUMENT # **718136** **(5)**

1. Corporation Name
CLEWISTON JR. FOOTBALL ASSN,, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1003 CLEWISTON FL 33440-1003 US	P.O. BOX 1003 CLEWISTON FL 33440-1003 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1970
3a. Date of Last Report: 04/25/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

POTTER,JOHN M
300 E. VENTURA AVE.
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition Pd
NAME	REDISH, RICK	1.2 NAME	Dwight Hatfield
STREET ADDRESS	HWY 720	1.3 STREET ADDRESS	818 W. Royal Palm Ave.
CITY-ST-ZIP	CLEWISTON, FL 00000	1.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	CUTSHAW, BEN	2.2 NAME	Ben Cutshaw
STREET ADDRESS	1708 SHANE ST.	2.3 STREET ADDRESS	1708 Shane St.
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition Sd
NAME	HATFIELD, DWIGHT	3.2 NAME	Mary Ann Mammen
STREET ADDRESS	SHERWOOD AVE	3.3 STREET ADDRESS	606 Ridgeview Circle
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D	4.1 TITLE	☒ Change ☐ Addition Rick Redish Td
NAME	COLLINS, DAVID	4.2 NAME	
STREET ADDRESS	245 E. CRESCENT DR.	4.3 STREET ADDRESS	104 Bond St.
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition Director
NAME	MAMMEN, MARYANN	5.2 NAME	Jeff Mathis
STREET ADDRESS	606 RIDGEVIEW CIRCLE	5.3 STREET ADDRESS	Davidson Road
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D	6.1 TITLE	☒ Change ☐ Addition Director
NAME	BLANDFORD, VICTOR	6.2 NAME	Larry Chambers
STREET ADDRESS	333 W. AZTEC AVE.	6.3 STREET ADDRESS	710 Midstate Loop
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	Clewiston, FL 33440

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: Rick Redish Rick Redish Tres. 3-27-95 813-983-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #