

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **718136** (5)

1. Corporation Name

**CLEWISTON JR. FOOTBALL ASSN., INC.**



Principal Place of Business

P.O. BOX 1003  
CLEWISTON FL 33440-1003  
US

Mailing Address

P.O. BOX 1003  
CLEWISTON FL 33440-1003  
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **PO Box 1138**

22. City & State

27. Suite, Apt. #, etc.  
28. **Clewiston FL**

23. Zip

29. **33440** 30. **Hendry**

9. Name and Address of Current Registered Agent

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

81. Name

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

83.

84. City

**FL**

85. Zip Code

3. Date Incorporated or Qualified  
**04/03/1970**

3a. Date of Last Report  
**03/31/1995**

4. FEI Number  
**NOT APPLICABLE**

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

10. Name and Address of New Registered Agent

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 of registered agent or registered agent and the corporation

Signature of Registered Agent (Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|       |             |                        |                              |                                 |
|-------|-------------|------------------------|------------------------------|---------------------------------|
| TITLE | NAME        | STREET ADDRESS         | CITY, ST, ZIP                | <input type="checkbox"/> DELETE |
|       | <b>PD D</b> | <b>WIGHT HATFIELD</b>  | <b>818 W. ROYAL PALM AVE</b> |                                 |
|       |             | <b>CLEWISTON FL</b>    |                              |                                 |
| TITLE | NAME        | STREET ADDRESS         | CITY, ST, ZIP                | <input type="checkbox"/> DELETE |
|       | <b>TD</b>   | <b>BEN CUTSHAW</b>     | <b>1708 SHANE ST.</b>        |                                 |
|       |             | <b>CLEWISTON FL</b>    |                              |                                 |
| TITLE | NAME        | STREET ADDRESS         | CITY, ST, ZIP                | <input type="checkbox"/> DELETE |
|       | <b>SD</b>   | <b>MARY ANN MAMMEN</b> | <b>606 RIDGEVIEW CIRCLE</b>  |                                 |
|       |             | <b>CLEWISTON FL</b>    |                              |                                 |
| TITLE | NAME        | STREET ADDRESS         | CITY, ST, ZIP                | <input type="checkbox"/> DELETE |
|       | <b>TD</b>   | <b>RICK REDISH</b>     | <b>104 BOND ST.</b>          |                                 |
|       |             | <b>CLEWISTON FL</b>    |                              |                                 |
| TITLE | NAME        | STREET ADDRESS         | CITY, ST, ZIP                | <input type="checkbox"/> DELETE |
|       | <b>D</b>    | <b>JEFF MATHIS</b>     | <b>DAVIDSON ROAD</b>         |                                 |
|       |             | <b>CLEWISTON FL</b>    |                              |                                 |
| TITLE | NAME        | STREET ADDRESS         | CITY, ST, ZIP                | <input type="checkbox"/> DELETE |
|       | <b>D</b>    | <b>LARRY CHAMBERS</b>  | <b>710 MIDSTATE LOOP</b>     |                                 |
|       |             | <b>CLEWISTON FL</b>    |                              |                                 |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

|           |          |                    |                   |           |          |                    |                   |           |          |                    |                   |           |          |                    |                   |           |          |                    |                   |           |          |                    |                   |
|-----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|
| 11. TITLE | 12. NAME | 13. STREET ADDRESS | 14. CITY, ST, ZIP | 21. TITLE | 22. NAME | 23. STREET ADDRESS | 24. CITY, ST, ZIP | 31. TITLE | 32. NAME | 33. STREET ADDRESS | 34. CITY, ST, ZIP | 41. TITLE | 42. NAME | 43. STREET ADDRESS | 44. CITY, ST, ZIP | 51. TITLE | 52. NAME | 53. STREET ADDRESS | 54. CITY, ST, ZIP | 61. TITLE | 62. NAME | 63. STREET ADDRESS | 64. 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Ricky Redish* **Ricky Redish**

1-20-96

813-983-3133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)