FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	NNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS			Secretary of State			
	MENT # 718136	(5)					
CLEWIS	STON JR. FOOTBALL ASSN	, INC.			4 180211 40 001 140 01 2001 1100 41148 0	ili didi: Bibii dadii dibii didi: Bibii dadi	
Principal Place of Business Mailing Address					1 79 517 10 5 5 10 5 10 5 10 5 10 5 10 5 10		
P.O. BOX 1003 P O BOX 1138 CLEWISTON FL 33440-1003 CLEWISTON FL 33440-1138 US US					Date Incorporated or Qualified		
					04/03/1970	01/26/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE	Applied For Not Applicab	ole
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	ᅦ	
23 28 28 Zip Country Zip			Country		Trust Fund Contribution 8. This corporation has liability for the second contribution.	Added to Fees	\dashv
24 25 29 30					Florida Statutes	Yes No	
	9, Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	Jistered Agent	ᅴ
POTTER,	JOHN M		82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	4
300 E. VENTURA AVE.			83				
CLEWISTON FL 33440			83				
			84	City		FL 85 Zip Code	
I office or re	eoistered agent, or both, in the State (of Florida. Such change was au	thorized b	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered	i i
	m familiar with, and accept the obliga	lions of, Section 617.0503, Flori	da Statute	S.			
	Signature, typed or printed name of registered agen			ent signature requ	ired when reinstating)	DATE CONTROL IN A	_
12.	OFFICERS AND DIRECTORS PD D DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Additi	ion
NAME	WIGHT HATFIELD		1.2 NAME				
STREET ADDRESS	818 W. ROYAL PALM AVE		1.3 STREET ADDRESS			•	
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY - ST - ZIP				
TITLE	TD DELETE		2.1 TITLE			☐ Change ☐ Additi	ion.
NAME	BEN CUTSHAW 1708 SHANE ST.		22 NAME				
STREET ADDRESS CITY-ST-ZIP	OLD TOTAL SI		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE	SD	☐ DELETE	3.1 TITLE	31-21		☐ Change ☐ Additi	ion
NAME	MARY ANN MAMMEN	ARY ANN MAMMEN 3.					
STREET ADDRESS	606 RIDGEVIEW CIRCLE		3.3 STREE	ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			4. CITY-ST-ZIP 1 TITLE Change C		☐ Change ☐ Additi	ion
TITLE NAME	TD RICK REDISH	☐ pereie	4.1 TITLE 4. 2 NAME			Change C Audin	IOII
STREET ADORESS	104 BOND ST.			T ADDRESS			
CITY-ST-ZIP	CLEWISTON FL		4.4 CITY-	1			
TITLE	D	DELETE	5.1 TITLE		•	Change Additi	ion
NAME	JEFF MATHIS		5.2 NAME				
STREET ADDRESS	OLEHOTON FI			ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			ST-ZIP	☐ Change ☐ Addition		ion
TITLE NAME			6.1 TITLE 6.2 NAME			C overige C Additi	1011
STREET ADDRESS	710 MIDSTATE LOOP			T ADDRESS		•	
I STREET ADDITION	CLEWISTON FL		•	ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 for on an attachment with an address.

FILED

Feb 17 1997 8:00am