


FILE NOW: FILING FEE IS \$61.25

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Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90012 037 \*\*\*\*\*61.25



NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718136

1. Corporation Name

CLEWISTON JR. FOOTBALL ASSN., INC.

Principal Place of Business

104 BOND STREET  
CLEWISTON FL 33440  
US

Mailing Address

P O BOX 1138  
CLEWISTON FL 33440-1003  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/03/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New 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	
				85 Zip Code	

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, 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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERAZA, CHRIS			1.2 NAME			
STREET ADDRESS	P.O. BOX 1003 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL 33440			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUTSHAW, BEN			2.2 NAME			
STREET ADDRESS	1708 SHANE ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL 33440			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELMS, JERRY			3.2 NAME			
STREET ADDRESS	615 RIDGEVIEW CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL 33440			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REDISH, RICK			4.2 NAME			
STREET ADDRESS	104 BOND ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELMS, DEANNA			5.2 NAME			
STREET ADDRESS	615 RIDGEVIEW CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL 33440			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNES, RALPH			6.2 NAME			
STREET ADDRESS	335 W. ARCADE			6.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL 33440			6.4 CITY-ST-ZIP			

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (11/98)