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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725357** (8)

1. Corporation Name

CARVON MEN'S CLUB, INC.

Principal Place of Business

**4834 18TH AVENUE SOUTH
ST. PETERSBURG FL 33711**

Mailing Address

**4834 18TH AVENUE SOUTH
ST. PETERSBURG FL 33711**



3. Date Incorporated or Qualified

01/23/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 4834 18th Avenue South

2a. Mailing Address

26 4834 18th Ave S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, Florida

City & State

28 ST. PETERSBURG

Zip Country

24 33711

Zip Country

29 33711

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MOREHEAD, LINCOLN
4110 31ST STREET SOUTH
ST. PETERSBURG FL 33712**

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MOREHEAD, LINCOLN**
STREET ADDRESS **4110 31ST STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **VPD** ☐ DELETE
NAME **EAST, CARL JR.**
STREET ADDRESS **201 40TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **TD** ☐ DELETE
NAME **LOWEN, PETER**
STREET ADDRESS **2306 26TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Lincoln Morehead

1-19-98

813-864-3081

CR2E037 (10/97)