

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 731589 (8)**

1. Corporation Name

**ROOSTER CHANNEL JUMPERS SOCIAL CLUB, INCORPORATED  
ON OF THE STATE OF FLORIDA**

Principal Place of Business

Mailing Address

**4010 37TH ST  
TAMPA FL 33610**

**4010 37TH ST  
TAMPA FL 33610**



3. Date Incorporated or Qualified

**01/08/1975**

3a. Date of Last Report

**03/28/1995**

4. FEI Number

**59-1863645**

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

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELACLIFF, WESLEY C  
4010 37TH STREET  
TAMPA FL 33610**

**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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE  
NAME DIXON, CORA B.  
STREET ADDRESS 902 MARSHALL STREET  
CITY-ST-ZIP CLEARWATER FL

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

CD ☐ DELETE  
NAME GRAHAM, DEAN  
STREET ADDRESS 3002 ARROW ST.  
CITY-ST-ZIP TAMPA, FL 00000

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

P ☐ DELETE  
NAME NELACLIFF, WESLEY C  
STREET ADDRESS 4010 37TH STREET  
CITY-ST-ZIP TAMPA, FL 00000

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

SD ☐ DELETE  
NAME NELACLIFF, JOSEPHINE  
STREET ADDRESS 4010 37TH STREET  
CITY-ST-ZIP TAMPA, FL 00000

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

V ☐ DELETE  
NAME DIXON, LENZY  
STREET ADDRESS 902 MARSHALL STREET  
CITY-ST-ZIP CLEARWATER FL

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

D ☐ DELETE  
NAME HARDRICK, JAMES  
STREET ADDRESS 8803 N 46TH ST APT 8  
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

*Josephine Nelaciff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

*March 22nd 1996*  
Daytime Phone #

CR2E037 (12/95)