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Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 731589 (8)

1. Corporation Name

ROOSTER CHANNEL JUMPERS SOCIAL CLUB, INCORPORATI
ON OF THE STATE OF FLORIDA



Principal Place of Business

Mailing Address

4010 37TH ST
TAMPA FL 33610

4010 37TH ST
TAMPA FL 33610-7917

3. Date Incorporated or Qualified
01/08/1975

3a. Date of Last Report
03/26/1996

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

24 25

29 30

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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, or on an attachment with an address.

SIGNATURE:

Josephine Nelaclyff

Apr 21st 1997 (813)238-0061

CR2E037 (9/96)