FILED
Jun 20, 2003 8:00 am
Secretary of State
06-20-2003 90029 030 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731589

1. Entity 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

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1863645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIXON, LENZY 902 MARSHALL STREET CLEARWATER FL 33515	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIXON, CORA B. 902 MARSHALL STREET CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, NATHANIEL 6801 48TH STREET TAMPA FL	☑ Delete Deceased	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President and D James Hardricks 6801 48th Street Tampa, Fl. ☑ Change ☑ Addition Add.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DIXON, LENZY 902 MARSHALL ST CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NELACLIFF, JOSEPHINE 4010 37TH STREET TAMPA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D HARDRICK, JAMES 8803 N 46TH ST APT A TAMPA FL 33610	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D James Hardrick 6801 48th St. Tampa, Fl. ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Josephine Nelacliff SIGNATURE REQUIRED Josephine Nelacliff 4/19th/2003 (813) 238-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Josephine Nelacliff 5/28/2003 813 238-0061