

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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # 732084 (9)

1. Corporation Name

ANCLOTE EARTH SCIENCE CLUB, INC.



Principal Place of Business: **3146 BARKER DR. ELFERS FL 34652 US**
Mailing Address: **PO BOX 36 Port Richey, FL 34673-0036**

3. Date Incorporated or Qualified: **03/07/1975**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business: **21 Elfers Senior Ctr**
2a. Mailing Address: **26 PO Box 948**
22. **Barker Street**
27. **Port Richey, FL**
23. **Elfers, FL**
28. **34673**
24. **34652** 25. **US** 29. **US** 30.

4. FEI Number: **59-2967824**
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:
**GARRETT, DARLEEN
3335 ELFERS PKWY
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent:
81 Name: **Clifford Colin, M.D.**
82 Street Address (P.O. Box Number is Not Acceptable): **7961 Sycamore Dr**
83 **New Port Richey, FL**
84 City: **FL** 85 Zip Code: **34654**

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: **Clifford Colin, M.D.** (NOTE: Registered Agent signature required when reinstating) DATE: **2/15/96**

12. OFFICERS AND DIRECTORS		13. ACTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	GARRETT, ROBERT 3335 ELFERS PKWY NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE
TITLE: VP	FRANCE, WALTER 6127 MONTANA AVE NEW PORT RICHEY FL	<input type="checkbox"/> DELETE
TITLE: S	ROLLINSON, TESS 9020 ROBERT AVE PORT RICHEY FL 34668	<input type="checkbox"/> DELETE
TITLE: T	ROLLINSON, JACK 9020 ROBERT AVE PORT RICHEY FL 34668	<input type="checkbox"/> DELETE
TITLE: D	TAYLOR, LEONARD 6939 NARRA ST NEW PORT RICHEY FL 34653	<input type="checkbox"/> DELETE
TITLE: D	GARRETT, DARLEEN 3335 ELFERS PKWY NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE

1.1 TITLE: P	Jean stein	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	5538 Madison St	
1.3 STREET ADDRESS:	New Port Richey, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP:		
2.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:		
2.3 STREET ADDRESS:		
2.4 CITY-ST-ZIP:		
3.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:		
3.3 STREET ADDRESS:		
3.4 CITY-ST-ZIP:		
4.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:		
4.3 STREET ADDRESS:		
4.4 CITY-ST-ZIP:		
5.1 TITLE: D	Clifford Colin, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME:	7961 Sycamore Dr	
5.3 STREET ADDRESS:	New Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.4 CITY-ST-ZIP:		
6.1 TITLE: D	Tess Rollinson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME:	9020 Robert Av	
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 exemption under Section 119.046 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: **Jack Rollinson** (Signature and Typed Name of Signing Officer or Director) DATE: **2-15-96** TELEPHONE: **813-845-3922**

CR2E037 (12/95)