


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 732084 (9)  
 Corporation Name  
**ANCLOTE EARTH SCIENCE CLUB, INC.**

Principal Place of Business	Mailing Address
3146 Barker Dr. Elfers, FL 34652 US	PO Box 36 Port Richey, FL 34673-0036

2. Principal Place of Business	2a. Mailing Address
21 <b>ELFERS SENIOR CTR</b> Suite, Apt. #, etc.	26 <b>PO BOX 36</b> Suite, Apt. #, etc.
22 <b>BARKER Street</b> City & State	27 <b>Port Richey, FL</b> City & State
23 <b>ELFERS, FL</b> Zip	28 <b>34673-0036</b> Zip
24 <b>34652</b> Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
03-07-1975	2/15/96
4. FEI Number	Applied For
59-2967824	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLIFFORD COLIN, M.D.**  
 7961 Sycamore Drive  
 New Port Richey, FL 34654

10. Name and Address of New Registered Agent

81 Name	D
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 **Clifford Colin, M.D.** DATE **4/17/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Clifford Colin, M.D.	
STREET ADDRESS	7961 Sycamore Dr.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Peter Hession	
STREET ADDRESS	PO Box 944	
CITY-ST-ZIP	New Port Richey, FL 34656	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Tess Rollinson	
STREET ADDRESS	9020 Robert Av	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Jack Rollinson	
STREET ADDRESS	9020 Robert Av	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Tess Rollinson	
STREET ADDRESS	9020 Robert Av	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> DELETE
NAME	Betty Donovan	
STREET ADDRESS	7131 Hummingbird Lane	
CITY-ST-ZIP	New Port Richey, FL 34655	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathleen Ell	
1.3 STREET ADDRESS	3336 Clydesdale	
1.4 CITY-ST-ZIP	Holiday, FL 34691	
2.1 TITLE	PP + D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jean Stein	
2.3 STREET ADDRESS	5538 Madison	
2.4 CITY-ST-ZIP	New Port Richey, FL 34652	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: **JACK ROLLINSON** DATE: **4/17/97** TELEPHONE: **(813) 845-3422**

CR2E037 (9/96)