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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # **737393** **(9)**

1. Corporation Name

CHEROKEE PARK ADULT RECREATION CENTER, INC.

Principal Place of Business	Mailing Address
PO BOX 1771 BELLEVIEW FL 34421	PO BOX 1771 BELLEVIEW FL 34421

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1976**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: 22-3370999 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ■ **$68.75** Supplemental Fee Not Required
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 5641 SE 113 Pl	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Belleview, Fl.	28 City & State
24 Zip	25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ROBERTSON, WHITNEY
11617 S.E. 55 AVE RD
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	WITTENZELLNER, HAZEL	12 NAME	
STREET ADDRESS	13513 SW 43 CIR	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ORVILLE HALL	22 NAME	
STREET ADDRESS	11551 S.E. 53RD COURT	23 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BERNHARDT, IRVING L	32 NAME	
STREET ADDRESS	3100 SE 73 ST BOX 842	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480-8054	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, WARREN	42 NAME	
STREET ADDRESS	13161 SE 47TH CT	43 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LAVERNE	52 NAME	
STREET ADDRESS	6407 SE 108TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	CHOLEWKA, WILLIAM	62 NAME	D Smith,Thomas
STREET ADDRESS	11338 S.E. 55TH AVE.	63 STREET ADDRESS	34420 5425 S.E.107 Pl.Belleview,Fl.
CITY-ST-ZIP	BELLEVIEW FL	64 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: Warren W. Johnson 3/29/95 904-347-5115
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Warren W. Johnson P

0084843