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Mar 13 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 # **737393** **(9)**

1. Corporation Name

CHEROKEE PARK ADULT RECREATION CENTER, INC.

Principal Place of Business	Mailing Address
5641 SE 113 PL BELLEVIEW FL 34421 US	PO BOX 1771 BELLEVIEW FL 34421-1771

3. Date Incorporated or Qualified: **11/30/1976**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **22-3310999** ☐ 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**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WITTENZELLNER, HAZEL		1.2 NAME		
STREET ADDRESS	13513 SW 43 CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	ORVILLE HALL		2.2 NAME		
STREET ADDRESS	11551 S.E. 53RD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	BERNHARDT, IRVING L		3.2 NAME	Marjorie Robertson	
STREET ADDRESS	3100 SE 73 ST BOX 842		3.3 STREET ADDRESS	11617 S.E.55 Ave.Rd.	
CITY-ST-ZIP	OCALA FL 34480-8054		3.4 CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE	P	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	JOHNSON, WARREN		4.2 NAME	Beatrice Manzella	
STREET ADDRESS	13122 SE 48 TERRACE		4.3 STREET ADDRESS	11585 SE71 Ter.Rd.	
CITY-ST-ZIP	BELLEVIEW FL		4.4 CITY-ST-ZIP	Belleview, FL.34420	
TITLE	V	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	JOHNSON, LAVERNE		5.2 NAME	Helen Bianco	
STREET ADDRESS	6407 SE 108TH STREET		5.3 STREET ADDRESS	11725 SE 59 Av	
CITY-ST-ZIP	BELLEVIEW FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME	WHITE, ROBERT J.		6.2 NAME	Belleview, Fl. 34420	
STREET ADDRESS	5839 FOSS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

352-347-1325

SIGNATURE: Hazel Wittenzellner Hazel Wittenzellner 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064906