

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737393** (9)
1. Corporation Name
CHEROKEE PARK ADULT RECREATION CENTER, INC.

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

3. Date Incorporated or Qualified 11/30/1976	
4. FEI Number 22-3310999	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBERTSON, WHITNEY
11617 S.E. 55 AVE RD
BELLEVUE 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 *Whitney A. Robertson* (NOTE: Registered Agent signature required when reinstating) DATE **2-18-98**

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	WITTENZELLNER, HAZEL
STREET ADDRESS	13513 SW 43 CIR
CITY-ST-ZIP	OCALA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ORVILLE HALL
STREET ADDRESS	11551 S.E. 53RD COURT
CITY-ST-ZIP	BELLEVUE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERTSON, MARJORIE
STREET ADDRESS	11617 SE 55 AVE RD
CITY-ST-ZIP	BELLEVUE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MANZELLA, BEATRICE
STREET ADDRESS	11585 SE 71 TERR RD
CITY-ST-ZIP	BELLEVUE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BIANCO, HELEN
STREET ADDRESS	11725 SE 59 AVE
CITY-ST-ZIP	BELLEVUE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WHITE, ROBERT J.
STREET ADDRESS	5839 FOSS ROAD
CITY-ST-ZIP	BELLEVUE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
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	V
4.3 STREET ADDRESS	Manzella Bernice
4.4 CITY-ST-ZIP	11585 SE 71 Terr Rd Bellevue FL
5.1 TITLE	<input 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	

14. 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 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: *Hazel Wittenzellner* **Hazel Wittenzellner**
Feb 18 1998 352-347-1325

CR2E037 (10/97)