

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90107 011 ****61.25

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DOCUMENT # 737393

1. Corporation Name

CHEROKEE PARK ADULT RECREATION CENTER, INC.

Principal Place of Business

5641 SE 113 PL
BELLEVUE FL 34421
US

Mailing Address

PO BOX 1771
BELLEVUE FL 34421



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/30/1976

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WITTENZELLNER, HAZEL
STREET ADDRESS 13513 SW 43 CIR
CITY-ST-ZIP OCALA FL

TITLE V ☒ DELETE
NAME ORVILLE HALL
STREET ADDRESS 11551 S.E. 53RD COURT
CITY-ST-ZIP BELLEVUE FL

TITLE D ☐ DELETE
NAME ROBERTSON, MARJORIE
STREET ADDRESS 11617 SE 55 AVE RD
CITY-ST-ZIP BELLEVUE FL

TITLE V ☐ DELETE
NAME MANZELLA, BERNICE
STREET ADDRESS 11585 SE 71 TERR RD
CITY-ST-ZIP BELLEVUE FL

TITLE D ☐ DELETE
NAME BIANCO, HELEN
STREET ADDRESS 11725 SE 59 AVE
CITY-ST-ZIP BELLEVUE FL

TITLE P ☒ 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 PRES ☒ Change ☐ Addition
1.2 NAME FRANK KERSEY
1.3 STREET ADDRESS 5203 SE 10TH PL
1.4 CITY-ST-ZIP BELLEVUE FLA. 34420

2.1 TITLE SEC-TREAS ☒ Change ☐ Addition
2.2 NAME PAULAA BROWN
2.3 STREET ADDRESS 5814 SE DREW RD.
2.4 CITY-ST-ZIP BELLEVUE FLA. 34420

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE

PAULAA BROWN (PAULAA BROWN) 4-5-99 352-347-7391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)