

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744228

(8)

1. Corporation Name

CLEARWATER BUCS BUNCH, INC.



Principal Place of Business

P. O. BOX 4633
CLEARWATER FL 34618
US

Mailing Address

P O BOX 4633
CLEARWATER FL 34618

3. Date Incorporated or Qualified
09/11/1978

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKLER, J. D.
813 SEVARD AVE
CLEARWATER FL 34624

81

Name

SUSAN MARZI

82

Street Address (P.O. Box Number is Not Acceptable)

5912-111th PL N

83

84

City

Pinellas Park

FL

85

Zip Code

31666

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

Susan L Marzi

Susan L Marzi

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BERKLER, J. D.
STREET ADDRESS 813 SEVARD AVE
CITY-ST-ZIP CLEARWATER FL
☒ DELETE

TITLE VD
NAME SCHANZER, DAVID
STREET ADDRESS 2798 COTTONWOOD CT
CITY-ST-ZIP CLEARWATER FL
☒ DELETE

TITLE SD
NAME KEEL, SHARON
STREET ADDRESS 11421 116TH ST N.
CITY-ST-ZIP LARGO FL
☒ DELETE

TITLE TD
NAME KEEL, LYLE
STREET ADDRESS 11421 116TH ST N.
CITY-ST-ZIP LARGO FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME NANCY WRIGHT
1.3 STREET ADDRESS 128 Highland Rd
1.4 CITY-ST-ZIP JACKSON SPRINGS FLA 34689
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME GAIL BERKKE
2.3 STREET ADDRESS 813 SEVARD AVE
2.4 CITY-ST-ZIP CLEARWATER FL
☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Ted Winslow
3.3 STREET ADDRESS 15666 49th St N #1102
3.4 CITY-ST-ZIP CLEARWATER FL 34622
☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME SUSAN MARZI
4.3 STREET ADDRESS 5912-111th PL N
4.4 CITY-ST-ZIP Pinellas Park FL 34666
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Susan L Marzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 813-534-5343

Date

Daytime Phone

CR2E037 (12/95)