

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

93 MAR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747361 (4)

1. Corporation Name

CLOVER LEAF FARMS CLUB, INC.

Principal Place of Business

900 N BROAD ST #4417
BROOKSVILLE FL 34601

Mailing Address

900 N BROAD ST #4417
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1979

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2347675

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAIB, MARY A
900 N. BROAD ST.
STE. #4417
BROOKSVILLE FL 34601

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

Mary A Staib
Signature, typed or printed name of registered agent and title if applicable

(MARY A. STAIB)
(NOTE: Registered Agent signature required when reinstating)

022795
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

SCHMIDT, LLOYD

STREET ADDRESS

900 N BROAD ST #4258

CITY-ST-ZIP

BROOKSVILLE FL 34601

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

~~VP~~

NAME

MAC BLANE, ALEX

STREET ADDRESS

900 N BROAD ST #4211

CITY-ST-ZIP

BROOKSVILLE FL 34601

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

S

NAME

WRAY, DEE

STREET ADDRESS

900 N BROAD ST #4254

CITY-ST-ZIP

BROOKSVILLE FL 34601

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

NAME

HOLDRIDGE, DONALD

STREET ADDRESS

900 N BROAD ST #3105

CITY-ST-ZIP

BROOKSVILLE FL 34601

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

T

NAME

STAIB, MARY A.

STREET ADDRESS

900 N BROAD ST #4417

CITY-ST-ZIP

BROOKSVILLE FL 34601

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

NAME

~~HERTWIG, BOB~~

STREET ADDRESS

900 N BROAD ST #4301

CITY-ST-ZIP

BROOKSVILLE FL 34601

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary A Staib
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

022795

904-754-1081

AS Per Conversation Mary Staib on 3/9/95