

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 # 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**

3. Date Incorporated or Qualified: **05/24/1979**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business 900 N Broad St	26	2a. Mailing Address 900 N Broad St	4.	FEI Number 59-2347675	Applied For	
22	Suite, Apt. #, etc. # 4231	27	Suite, Apt. #, etc. # 4231	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Brooksville FL	28	City & State Brooksville FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 34601	25	Country USA	29	Zip 34601	30	Country USA
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 GEORGE CAVANAUGH		
				82	Street Address (P.O. Box Number is Not Acceptable) 900 N Broad St # 4231		
				83			
				84	City Brooksville	85	Zip Code 34601

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: George Cavanaugh, Treas. DATE: 2/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SCHMIDT, LLOYD	1.2 NAME	
STREET ADDRESS	900 N BROAD ST #4258	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34601	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP FAIRMAN, DONALD	2.2 NAME	
STREET ADDRESS	900 N BROAD ST #4125	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WRAY, DEE	3.2 NAME	
STREET ADDRESS	900 N BROAD ST #4254	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34601	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOLDRIDGE, DONALD	4.2 NAME	
STREET ADDRESS	900 N BROAD ST #3105	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34601	4.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T STAIB, MARY A.	5.2 NAME	T GEORGE CAVANAUGH
STREET ADDRESS	900 N BROAD ST #4417	5.3 STREET ADDRESS	900 N. BROAD # 4231
CITY - ST - ZIP	BROOKSVILLE FL	5.4 CITY - ST - ZIP	Brooksville FL 34601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MACBLANE, ALEX	6.2 NAME	
STREET ADDRESS	900 N BROAD ST #4211	6.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	6.4 CITY - ST - ZIP	

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: George Cavanaugh DATE: 2/19/96 DAYTIME PHONE #: 799-6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)