

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 STREET
SUITE 4231
BROOKSVILLE FL 34601
US

Mailing Address

900 N. BROAD STREET
SUITE 4231
BROOKSVILLE FL 34601-6319
US3. Date Incorporated or Qualified
05/24/19793a. Date of Last Report
02/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2347675

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAVANAUGH, GEORGE
900 NORTH BROAD STREET
SUITE 4231
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 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 P ☒ DELETENAME SCHMIDT, LLOYD
STREET ADDRESS 900 N BROAD ST #4258
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE VP ☒ DELETENAME FAIRMAN, DONALD
STREET ADDRESS 900 N BROAD ST #4125
CITY-ST-ZIP BROOKSVILLE FLTITLE S ☒ DELETENAME WRAY, DEE
STREET ADDRESS 900 N BROAD ST #4254
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE D ☐ DELETENAME HOLDRIDGE, DONALD
STREET ADDRESS 900 N BROAD ST #3105
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE T ☐ DELETENAME CAVANAUGH, GEORGE
STREET ADDRESS 900 N. BROAD #4231
CITY-ST-ZIP BROOKSVILLE FLTITLE D ☐ DELETENAME MACBLANE, ALEX
STREET ADDRESS 900 N BROAD ST #4211
CITY-ST-ZIP BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PMARGARET RASCHKE ☒ Change ☒ Addition1.2 NAME PRESIDENT
1.3 STREET ADDRESS 900 NO BROAD ST #6405
1.4 CITY-ST-ZIP Brooksville, FL 346012.1 TITLE VP VICE PRESIDENT ☒ Change ☐ Addition2.2 NAME SCHMIDT, LLOYD
2.3 STREET ADDRESS 900 NO BROAD ST #2458
2.4 CITY-ST-ZIP Brooksville, FL 346013.1 TITLE SEVALINA PALMER ☐ Change ☒ Addition3.2 NAME 900 NO BROAD ST #18
3.3 STREET ADDRESS Brooksville FLA 34601
3.4 CITY-ST-ZIP4.1 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 do 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: George Cavanaugh GEORGE CAVANAUGH 2/18/97 352 799 6021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000288

CR2E037 (9/96)