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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 747361

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/24/1979

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

9. Name and Address of Current Registered Agent

CAVANAUGH, GEORGE
900 NORTH BROAD STREET
SUITE 4231
BROOKSVILLE FL 34601

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 VP
NAME SCHMIDT, LLOYD
STREET ADDRESS 900 N. BROAD ST., #2458
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE S
NAME PALMER, EVALINA
STREET ADDRESS 900 N. BROAD ST., #18
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE D
NAME HOLDRIDGE, DONALD
STREET ADDRESS 900 N BROAD ST #3105
CITY-ST-ZIP BROOKSVILLE FL 34601

DELETE

TITLE T
NAME CAVANAUGH, GEORGE
STREET ADDRESS 900 N. BROAD #4231
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE D
NAME MACBLANE, ALEX
STREET ADDRESS 900 N BROAD ST #4211
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME THOMAS GLODEN
1.3 STREET ADDRESS 900 NO BROAD ST #4602
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

Change Addition

2.1 TITLE V-P
2.2 NAME DELANEY, HUGH
2.3 STREET ADDRESS 900 NO BROAD ST #5335
2.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

Change Addition

3.1 TITLE S
3.2 NAME PALMER, EVALINA
3.3 STREET ADDRESS 900 NO BROAD ST #18
3.4 CITY-ST-ZIP BROOKSVILLE FL 34601

Change Addition

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

Change Addition

5.1 TITLE D
5.2 NAME HOLDRIDGE, MURIEL
5.3 STREET ADDRESS 900 NO BROAD ST #3105
5.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

Change Addition

6.1 TITLE D
6.2 NAME SCHMIDT, LLOYD
6.3 STREET ADDRESS 900 NO BROAD ST #2458
6.4 CITY-ST-ZIP BROOKSVILLE, FL 34601

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

352-799-6021

CR2E037 (1/198)