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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **756890** **(0)**

1. Corporation Name

FLORIDA ALFA CLUB, INC.

Principal Place of Business	Mailing Address
% OSTEEN D. GREENE 1410 PINEAPPLE LANE CLEARWATER FL 34619	% OSTEEN D. GREENE 1410 PINEAPPLE LANE CLEARWATER FL 34619-2315

3. Date Incorporated or Qualified: **03/23/1981**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **59-3081442** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENE, OSTEEN D.
1410 PINEAPPLE LANE
CLEARWATER FL 34619

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 Osteen D. Greene 2-13-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☐ Change ☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POST, CHARLIE		1.2 NAME		
STREET ADDRESS	1202 62ND STR NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	ANDRESS, BARRY		2.2 NAME		
STREET ADDRESS	441 E CURLEW PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	WARNER, BRAD		3.2 NAME	William Harkell	
STREET ADDRESS	160 NINA WAY		3.3 STREET ADDRESS	13413 Forest Hills Dr.	
CITY-ST-ZIP	OLDSMAR FL		3.4 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, MARGARET		4.2 NAME		
STREET ADDRESS	1410 PINEAPPLE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	President	☒ Change ☐ Addition
NAME	CORREA, DELSON		5.2 NAME		
STREET ADDRESS	5016 12TH AVENUE SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, OSTEEN D.		6.2 NAME		
STREET ADDRESS	1410 PINEAPPLE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Margaret Greene (Margaret) Greene 2-12-97 813-799-1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067066