

# 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 # 760338**

**(4)**

1. Corporation Name

**CLOWNS INCORRIGIBLES C.B. CLUB INC.**



Principal Place of Business

**11591 SE 59TH AVE  
BELLEVUE FL 32620**

Mailing Address

**11591 SE 59TH AVE  
BELLEVUE FL 32620**

3. Date Incorporated or Qualified  
**10/08/1981**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2250592**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, "SKIP" EMMETTE JR.  
3408 NE 22CT  
OCALA FL 34479**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **KNERR, DON**  
STREET ADDRESS **8990 SW 145 ST.**  
CITY - ST - ZIP **DUNNELLON FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE  
NAME **COX, SKIP**  
STREET ADDRESS **3408 NE 22ND COURT**  
CITY - ST - ZIP **OCALA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE  
NAME **KNERR, HENERRITA**  
STREET ADDRESS **8990 SW 145 ST.**  
CITY - ST - ZIP **DUNNELLON FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **DUNAWAY, CECIL**  
STREET ADDRESS **11591 SE 59TH AVE**  
CITY - ST - ZIP **BELLEVUE FL**

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

TITLE **D** ☐ DELETE  
NAME **STEWART, MICHAEL ANDERS**  
STREET ADDRESS **1224 NE 10 AVE**  
CITY - ST - ZIP **OCALA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **COX, JOYCE**  
STREET ADDRESS **3408 NE 22ND COURT**  
CITY - ST - ZIP **OCALA FL**

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 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:

*Cecil Dunaway* **Treas.**

**1/30/96 352-245-4998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)