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May 16 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 # 760338 (4)

1. Corporation Name

CLOWNS INCORRIGIBLES C.B. CLUB INC.



Principal Place of Business

Mailing Address

11591 SE 59TH AVE
BELLEVUE FL 32620

11591 SE 59TH AVE
BELLEVUE FL 34420-4355

3. Date Incorporated or Qualified
10/08/1981

3a. Date of Last Report
02/21/1996

2. Principal Place of Business
21 11591 SE 59 AVE

2a. Mailing Address
26 11591 SE 59 AVE

4. FEI Number
59-2250592

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State
23 Bellevue 71

27 City & State
28 Bellevue 71

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
34420

25 Country
MARION

29 Zip
34420

30 Country
MARION

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

9. Name and Address of Current Registered Agent

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

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

TITLE VP
NAME COX, SKIP
STREET ADDRESS 3408 NE 22ND COURT
CITY - ST - ZIP Ocala FL

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

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

TITLE D
NAME STEWART, MICHAEL ANDERS
STREET ADDRESS 1224 NE 10 AVE
CITY - ST - ZIP Ocala FL

TITLE D
NAME COX, JOYCE
STREET ADDRESS 3408 NE 22ND COURT
CITY - ST - ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME KNERR DON
1.3 STREET ADDRESS 8990 SW 145 ST
1.4 CITY - ST - ZIP DUNNELLON, 71 34432

2.1 TITLE VP
2.2 NAME SKIP COX
2.3 STREET ADDRESS 3408 NE 22nd Ct
2.4 CITY - ST - ZIP Ocala, 71 34479

3.1 TITLE S
3.2 NAME Knerr Henerrita
3.3 STREET ADDRESS 8990 SW 145 ST
3.4 CITY - ST - ZIP DUNNELLON 34482

4.1 TITLE D
4.2 NAME Cecil DUNAWAY
4.3 STREET ADDRESS 11591 SE 59th Ave
4.4 CITY - ST - ZIP Bellevue 71 34420

5.1 TITLE D
5.2 NAME Stewart Michael A.
5.3 STREET ADDRESS 1224 NE 10 Ave
5.4 CITY - ST - ZIP Ocala 71 34479

6.1 TITLE D
6.2 NAME COX JOYCE
6.3 STREET ADDRESS 3408 NE 22nd Ct
6.4 CITY - ST - ZIP Ocala 71 34479

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: P S. B. Cox REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

57.197 362-629.3162
Date Daytime Phone # 0084878

CR2E037 (9/96)