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Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32620**

3. Date Incorporated or Qualified

**10/08/1981**

4. FEI Number

**59-2250592**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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**

11 TITLE ☐ Change ☐ Addition

12 NAME **KNERR, DON**  
13 STREET ADDRESS **8990 SW 145 ST.**  
14 CITY-ST-ZIP **DUNNELLON FL**

TITLE VP ☐ DELETE

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

21 TITLE ☐ Change ☐ Addition

22 NAME **COX, SKIP**  
23 STREET ADDRESS **3408 NE 22ND CT.**  
24 CITY-ST-ZIP **OCALA FL**

TITLE S ☐ DELETE

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

31 TITLE ☐ Change ☐ Addition

32 NAME **KNERR, HENERRITA**  
33 STREET ADDRESS **8990 SW 145 ST.**  
34 CITY-ST-ZIP **DUNNELLON FL**

TITLE D ☐ DELETE

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

41 TITLE ☐ Change ☐ Addition

42 NAME **DUNAWAY, CECIL**  
43 STREET ADDRESS **11591 SE 59TH AVE**  
44 CITY-ST-ZIP **BELLEVUE FL 34479**

TITLE D ☐ DELETE

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

51 TITLE ☐ Change ☐ Addition

52 NAME **STEWART, MICHAEL A.**  
53 STREET ADDRESS **1224 NE 10th Ave**  
54 CITY-ST-ZIP **OCALA FL**

TITLE D ☐ DELETE

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

61 TITLE ☐ Change ☐ Addition

62 NAME **COX, JOYCE**  
63 STREET ADDRESS **3408 NE 22ND CT.**  
64 CITY-ST-ZIP **OCALA FL**

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.

SIGNATURE: **Cecil Dunaway D. Cecil DUNAWAY** 2/7/98 352 245 4998

CR2E037 (10/97)