FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

PALMETTO FL 34220-0050

Sulte, Apt. #, etc.

City & State

23

24

Printer Barre Ł Zip

2. Principal Place of Business

C/O DAVIS. STEVE

P.O. BOX 50

N10051

(3)

Mailing Address

C/O DAVIS. STEVE PO BOX 50 PALMETTO FL 34220-0050

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

GREEN BRIDGE FAN CLUB, INC.

Country

FILED							
Jun 03 1997 8:00am							
Secretary of State							

A PROGRAM BOT PROX PORTE COLOR BURN TON CIDES OF BURN COLOR BURN BIRES BEGIN DIRES

TH TT

) (1884)))				
	3. Date Incorporated or Qualified 07/02/1985	3a. Date	of Last Report 05/01/1996		
	4. FEI Number 59-2585311		Applied For Not Applicable		
_	5. Certificate of Status Desired	TV.	\$8.75 Additional Fee Required		
	6. Election Campaign Financing		\$5.00 May Be		

8. This corporation has liability for intangible tay under s. 199 032

25	29	30	Florida Statules			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81	Name			
DAVIS, STEVE 1712 71ST ST. NW		82	82 Street Address (P.O. Box Number is Not Acceptable)			
PO BOX 50		83	3			
PALMETTO FL 34220		84	4 City 95 Zin 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 Stgnature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12,		ID DIRECTORS	13.		DATE S TO OFFICERS AND DIRECTOR	26 IN 12			
TITLE	DT CHIOCHS AN	DELETE	1.1 TITLE	ADDITIONS/OFFINION	Change	Addition			
NAME	WORLEY ROSE D.		1.2 NAME						
STREET ADDRESS	909 18 AVE DR W.		1.3 STREET ADDRESS			j			
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP						
TITLE	VD	DELETE	2.1 TITLE		Change	Addition			
NAME	GAUNT, HARVEY J.		2.2 NAME						
STREET ADDRESS	3704 2 AVE DR E.		2.3 STREET ADDRESS			1			
CITY-ST-ZIP	PALMETTO FL		2 4 CITY-ST-ZIP						
TITLE	PD	☐ DELETE	3.1 TATLE		☐ Change	Addition			
NAME	DAVIS, STEVEN		3.2 NAME						
STREET ADDRESS	1712 71 ST NW		3.3 STREET ADDRESS			1			
CITY-ST-ZIP	BRADENTON FL		3.4. CITY - ST - ZIP						
TITLE	D	DELETE	4.1 TITLE		Change	Addition			
NAME -	HARRISON, JO		4. 2 NAME			{			
STREET ADDRESS	REGATTA POINT		4.3 STREET ADDRESS						
CITY-ST-ZIP	PALMETTO FL		4.4 CITY - ST - ZIP						
TITLE	SD	DELETE	5.1 TITLE		Change	Addition			
NAME	Davis, Linda		5.2 NAME						
STREET ADDRESS	1712 71ST NW		5.3 STREET ADDRESS						
CITY-ST-ZIP	BRADENTON FL		5.4 CITY - ST - ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-7IP			6.4 CITY - ST - ZIP			Ì			

| 64 (DIY: 51-2P) |
| 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 se 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.