

AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N11467 (0)

1. Corporation Name
INDIAN RIVER RACING PIGEON CLUB, INC.



Principal Place of Business: 2021 S.W. CAMEO BLVD, 1170 6TH AVE. APT. 5A, PORT ST. LUCIE FL 34953
Mailing Address: 2021 S.W. CAMEO BLVD, 1170 6TH AVE. APT. 5A, PORT ST. LUCIE FL 34953

3. Date Incorporated or Qualified: 10/08/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2472034
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

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
City & State (27-28)
Zip (29-30)

9. Name and Address of Current Registered Agent

JACOBI, PAUL
1170 6TH AVE., APT. 5A
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DELVECCHIO, JOSEPH
STREET ADDRESS	821 EAST 14TH ST.
CITY - ST - ZIP	STUART FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	STANEK, MIKE
STREET ADDRESS	1938 WAUKESSHA AVE
CITY - ST - ZIP	PALM BAY FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	LUBBERTS, NICK
STREET ADDRESS	2021 S.W. CAMEO BLVD
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	RSD <input type="checkbox"/> DELETE
NAME	JACOBI, PAUL
STREET ADDRESS	1170 6TH AVE., #5A
CITY - ST - ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on an attachment with an address.

SIGNATURE: Nick Lubberts NICK LUBBERTS 7/25/96 561-879-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

CR2E037 (3/96)