FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:20

DOCUMENT # N11814 (3)

1. Corporation Name
BROOKER ATHLETIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
S.R. 18 P.O. BOX 64 BROOKER FL 32622	S.R. 18 P.O. BOX 64 BROOKER FL 32622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1985
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2372464 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

MELVIN, GENE
MELVIN STREET
BROOKER FL 32622

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MELVIN, GENE	12 NAME	
STREET ADDRESS	MELVIN STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, CHARLENE	22 NAME	
STREET ADDRESS	MELVIN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	S ☐ Change ☐ Addition
NAME	BABBETTE, SAPP	32 NAME	Sapp, Babbette
STREET ADDRESS	RT. 1 BOX 626 N/A	33 STREET ADDRESS	Rt. 1 Box 626
CITY-ST-ZIP	LAKE BUTLER FL	34 CITY-ST-ZIP	Lake Butler, FL 32054
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	TOLLESON, JOE	42 NAME	Smyth, Stephen
STREET ADDRESS	COLSON STREET	43 STREET ADDRESS	Cedar Drive
CITY-ST-ZIP	BROOKER FL	44 CITY-ST-ZIP	Brooker, FL 32622
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BARNES, EDDIE	52 NAME	
STREET ADDRESS	P.O. BOX 83 - OFF HWY 235-A N/A	53 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DAVIS, SUE	62 NAME	
STREET ADDRESS	CEDAR DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	64 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)(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: Charlene M. Thomas 2-19-95 904 485-1420
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Charlene M. Thomas

000414