

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N11814** (3)
1. Corporation Name
BROOKER ATHLETIC ASSOCIATION, INCORPORATED



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

2. Principal Place of Business 2a. Mailing Address
21 **11169 Cedar Drive** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
Brooker, FL 28
Zip Country Zip Country
24 **32622** 25 **USA** 29 30

3. Date Incorporated or Qualified **10/30/1985** 3a. Date of Last Report **02/27/1995**
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**
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 **Melvin Gene**
82 Street Address (P.O. Box Number is Not Acceptable) **17434 Melvin St.**
83
84 City **Brooker** FL 85 Zip Code **32622**

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 <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, GENE	1.2 NAME	Melvin Gene
STREET ADDRESS	MELVIN STREET	1.3 STREET ADDRESS	17434 Melvin St.
CITY - ST - ZIP	BROOKER FL	1.4 CITY - ST - ZIP	Brooker, FL 32622
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLENE	2.2 NAME	Thomas Charlene
STREET ADDRESS	MELVIN STREET	2.3 STREET ADDRESS	17354 Melvin St.
CITY - ST - ZIP	BROOKER FL	2.4 CITY - ST - ZIP	Brooker, FL 32622
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABBETTE, SAPP	3.2 NAME	Hall Chuck
STREET ADDRESS	RT. 1 BOX 626	3.3 STREET ADDRESS	off Hwy 301 / P.O. Box 305
CITY - ST - ZIP	LAKE BUTLER FL	3.4 CITY - ST - ZIP	Waldo, FL 32694
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMYTH, STEPHEN	4.2 NAME	Nipper, Steve
STREET ADDRESS	CEDAR DRIVE	4.3 STREET ADDRESS	17316 Harrell St.
CITY - ST - ZIP	BROOKER FL	4.4 CITY - ST - ZIP	Brooker, FL 32622
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, EDDIE	5.2 NAME	Barnes Eddie
STREET ADDRESS	P.O. BOX 83 - OFF HWY 235-A N/A	5.3 STREET ADDRESS	off Hwy 235A
CITY - ST - ZIP	BROOKER FL	5.4 CITY - ST - ZIP	Brooker, FL 32622
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SUE	6.2 NAME	Davis, Sue
STREET ADDRESS	CEDAR DRIVE	6.3 STREET ADDRESS	16906 Cedar Cherry St.
CITY - ST - ZIP	BROOKER FL	6.4 CITY - ST - ZIP	Brooker FL 32622

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, or on an attachment with an address.

SIGNATURE: **Charlene M. Thomas** 1-31-96 352 485-1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)