

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 12169 CEDAR DR, BROOKER FL 32622, US  
Mailing Address: S.R. 18, P.O. BOX 64, BROOKER FL 32622

3. Date Incorporated or Qualified: 10/30/1985  
3a. Date of Last Report: 02/09/1996  
4. FEI Number: 59-2372464  
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 [X] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
MELVIN, GENE  
17434 MELVIN ST.  
BROOKER FL 32622

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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          | P                       | DELETE |
| NAME           | MELVIN, GENE            |        |
| STREET ADDRESS | 17434 MELVIN ST         |        |
| CITY-ST-ZIP    | BROOKER FL              |        |
| TITLE          | T                       | DELETE |
| NAME           | THOMAS, CHARLENE        |        |
| STREET ADDRESS | 17354 MELVIN ST         |        |
| CITY-ST-ZIP    | BROOKER FL              |        |
| TITLE          | S                       | DELETE |
| NAME           | HALL, CHUCK             |        |
| STREET ADDRESS | US HWY 301, P.O BOX 305 |        |
| CITY-ST-ZIP    | WALDO FL                |        |
| TITLE          | D                       | DELETE |
| NAME           | NIPPER, STEVE           |        |
| STREET ADDRESS | 17316 HARRELL ST        |        |
| CITY-ST-ZIP    | BROOKER FL              |        |
| TITLE          | D                       | DELETE |
| NAME           | BARNES, EDDIE           |        |
| STREET ADDRESS | OFF HWY 235A            |        |
| CITY-ST-ZIP    | BROOKER FL              |        |
| TITLE          | D                       | DELETE |
| NAME           | DAVIS, SUE              |        |
| STREET ADDRESS | 16906 CHERRY ST         |        |
| CITY-ST-ZIP    | BROOKER FL              |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                             |
|-------------------|-----------------------------|
| 11 TITLE          | [ ] Change [ ] Addition     |
| 12 NAME           |                             |
| 13 STREET ADDRESS |                             |
| 14 CITY-ST-ZIP    |                             |
| 21 TITLE          | T/S [X] Change [ ] Addition |
| 22 NAME           |                             |
| 23 STREET ADDRESS |                             |
| 24 CITY-ST-ZIP    |                             |
| 31 TITLE          | D [ ] Change [X] Addition   |
| 32 NAME           | Crews, Mark                 |
| 33 STREET ADDRESS | off CR 18                   |
| 34 CITY-ST-ZIP    | Graham, FL 32042            |
| 41 TITLE          | D [ ] Change [X] Addition   |
| 42 NAME           | Crews, Tim                  |
| 43 STREET ADDRESS | off CR 18                   |
| 44 CITY-ST-ZIP    | Graham, FL 32042            |
| 51 TITLE          | [ ] Change [ ] Addition     |
| 52 NAME           |                             |
| 53 STREET ADDRESS |                             |
| 54 CITY-ST-ZIP    |                             |
| 61 TITLE          | D [ ] Change [X] Addition   |
| 62 NAME           | Hollingsworth, Nancy        |
| 63 STREET ADDRESS | off PCR 18                  |
| 64 CITY-ST-ZIP    | Brooker FL 32622            |

14. 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 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 Thomas (Charlene Thomas) 2-19-97 352/485-1022

CR2E037 (9/96)