

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N11814 (3)  
1. Corporation Name  
BROOKER ATHLETIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

12169 CEDAR DR  
BROOKER FL 32622  
USS.R. 18  
P.O. BOX 64  
BROOKER FL 326223. Date Incorporated or Qualified  
10/30/19853a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELVIN, GENE  
17434 MELVIN ST.  
BROOKER FL 32622

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 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
NAME	MELVIN, GENE	
STREET ADDRESS	17434 MELVIN ST	
CITY - ST - ZIP	BROOKER FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, CHARLENE	
STREET ADDRESS	17354 MELVIN ST	
CITY - ST - ZIP	BROOKER FL	

21 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HALL, CHUCK	
STREET ADDRESS	US HWY 301, P.O BOX 305	
CITY - ST - ZIP	WALDO FL	

31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Crews, Mark	
33 STREET ADDRESS	off CR 18	
34 CITY - ST - ZIP	Graham, FL 32042	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIPPER, STEVE	
STREET ADDRESS	17316 HARRELL ST	
CITY - ST - ZIP	BROOKER FL	

41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Crews, Tim	
43 STREET ADDRESS	off CR 18	
44 CITY - ST - ZIP	Graham, FL 32042	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, EDDIE	
STREET ADDRESS	OFF HWY 235A	
CITY - ST - ZIP	BROOKER FL	

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, SUE	
STREET ADDRESS	16906 CHERRY ST	
CITY - ST - ZIP	BROOKER FL	

61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Hollingsworth, Nancy	
63 STREET ADDRESS	off JCR 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)