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 # **N24495** **(6)**

1. Corporation Name

CLOVE HITCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
13670 77TH TERRACE % TERRY L. JANSEN. P.O. BOX 780-740 SEBASTIAN FL 32958-3434	13670 77TH TERRACE % TERRY L. JANSEN. P.O. BOX 780-740 SEBASTIAN FL 32958-3434

900001728869
-03/01/96--01020--023

3. Date Incorporated/Qualified: 01/25/1988
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business	2a. Mailing Address
21 3471 North Federal Hwy	26 3471 North Federal Hwy
Suite, Apt. #, etc. 22 Suite 305 Roselli Bldg	Suite, Apt. #, etc. 27 Suite 305 Roselli Bldg.
City & State 23 Ft.Lauderdale, Fl.	City & State 28 Ft. Lauderdale, Fl.
Zip: 24 33306 Country: 25 USA	Zip: 29 33306 Country: 30 USA

4. FEI Number: 65-0046169 ☐ 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

JANSEN, TERRY L.
13670 77TH TERRACE
SEBASTIAN FL 32978

10. Name and Address of New Registered Agent

81 Name: Randall St. Germain
82 Street Address (P.O. Box Number is Not Acceptable): 3471 North Federal Hwy.
83: Suite 305, Roselli Bldg.,
84 City: Ft. Lauderdale FL 85 Zip Code: 33306

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: R. St. Germain — Randall St.Germain — Feb 26,1996
(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	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	JANSEN, TERRY L.		1.2 NAME	Chapin, Kenneth	X DELETE
STREET ADDRESS	13670 77TH TERRACE		1.3 STREET ADDRESS	9880 Oak Trail	
CITY-ST-ZIP	SEBASTAIN FL		1.4 CITY-ST-ZIP	Sebastian, FL 32978	
TITLE	VD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	JOHNSON, TIMOTHY D.		2.2 NAME	Randall St.Germain	
STREET ADDRESS	1212 LONGWOOD STREET		2.3 STREET ADDRESS	2645 S.E. 1st Court,	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	Pompano Beach, Fl 33062	
TITLE	STD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	VINCENT, DORIS, V		3.2 NAME	Gerard Reeder	
STREET ADDRESS	2830 FIRST ST		3.3 STREET ADDRESS	5841 N.E. 22nd Ave.,	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308	
TITLE	D	☒ DELETE	4.1 TITLE	STD	☐ Change ☒ Addition
NAME	QUINN, SUE ANN		4.2 NAME	Carmen C. Filippini	
STREET ADDRESS	891 SE SOLAZ AVE		4.3 STREET ADDRESS	22053 Palms Way Apt #106	
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP	Boca Raton, Fl. 33443	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DION, RITA		5.2 NAME	Terry L. Jansen	
STREET ADDRESS	5100 NORTH A1A, C-26		5.3 STREET ADDRESS	13670 77th Terrace	
CITY-ST-ZIP	INDIAN RIVER SHORES FL		5.4 CITY-ST-ZIP	Sebastain, Fl 32978	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBERTSON, JOHN		6.2 NAME	Muriel Harris	
STREET ADDRESS	PO BOX 673/NA		6.3 STREET ADDRESS	22932 Allor Street	
CITY-ST-ZIP	BIG FORK MO		6.4 CITY-ST-ZIP	St.Clair Shores, Mich. 48082	

CR2E037 (12/95)

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: R. St. Germain — Randall St. Germain — Feb 26/96 — 1-800-211-4790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS PAGE 2**

DOCUMENT # N24495 (6)

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3. Date Incorporated or Qualified: 01/25/1988
3a. Date of Last Report: 08/10/1995
4. FEI Number: 65-0016169 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JANSEN, TERRY L.
13670 77TH TERRACE
SEBASTIAN FL 32978

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ 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/OR DIRECTORS		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	JANSEN, TERRY L.		1.2 NAME	*SEE PAGE 1	
STREET ADDRESS	13670 77TH TERRACE		1.3 STREET ADDRESS	Chapin, Kenneth	
CITY-ST-ZIP	SEBASTAIN FL		1.4 CITY-ST-ZIP	9880 Oak Trail Sebastian, FL 32978	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, TIMOTHY D.		2.2 NAME	Dean Jarocki	
STREET ADDRESS	1212 LONGWOOD STREET		2.3 STREET ADDRESS	24085 Donaldson	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	Harrison Twp, Mich. 48045	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	VINCENT, DORIS, V		3.2 NAME	Marilyn Avery	
STREET ADDRESS	2830 FIRST ST		3.3 STREET ADDRESS	23001 Allor St.	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	St. Clair Shores, Mich. 48082	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, SUE ANN		4.2 NAME		
STREET ADDRESS	691 SE SOLAZ AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DION, RITA		5.2 NAME		
STREET ADDRESS	5100 NORTH A1A, C-20		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, JOHN		6.2 NAME		
STREET ADDRESS	PO BOX 673/NA		6.3 STREET ADDRESS		
CITY-ST-ZIP	BIG FORK MO		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)(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: L. R. Germain Randall St. Germain Feb 26/96 1-800-211-4790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #