

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24495

1. Corporation Name  
CLOVE HITCH FOUNDATION, INC.

Principal Place of Business  
3200 N.E. 14TH STREET, CAUSEWAY  
POMPANO BEACH FL 33062

Mailing Address  
3200 N.E. 14TH STREET, CAUSEWAY  
POMPANO BEACH FL 33062



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/25/1988	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		65-0046169	
24. Country		29. Country		Applied For	
25. Country		30. Country		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/>	
ST. GERMAIN, RANDALL				\$8.75 Additional Fee Required	
3200 NE 14TH STREET, CAUSEWAY				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
POMPANO BEACH FL 33062				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ST. GERMAIN, RANDALL				81 Name	
3200 NE 14TH STREET, CAUSEWAY				82 Street Address (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062				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	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. GERMAIN, RANDALL	12 NAME	
STREET ADDRESS	3200 NE 14TH STREET, CAUSEWAY	13 STREET ADDRESS	500002787505--8
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP	-02/25/99--01073--015
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	*****78-00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDER, GERARD	22 NAME	
STREET ADDRESS	5841 N.E. 22ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, TERRY L	32 NAME	
STREET ADDRESS	13870 77TH TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32978	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MURIEL	42 NAME	
STREET ADDRESS	22932 ALLOR STREET	43 STREET ADDRESS	
CITY-ST-ZIP	ST. CLAIR SHORES MI 48082	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Gerard Reeder* Gerard Reeder Feb 11/99 (954)785-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0026136

CR2E037 (1/198)