

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/25/1988

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. GERMAIN, RANDALL  
3200 NE 14TH STREET, CAUSEWAY  
POMPANO BEACH FL 33062

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

TITLE **VD** ☐ DELETE

NAME **ST. GERMAIN, RANDALL**  
STREET ADDRESS **3200 NE 14TH STREET, CAUSEWAY**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PD** ☐ DELETE

NAME **REEDER, GERARD**  
STREET ADDRESS **5841 N.E. 22ND AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☐ DELETE

NAME **JANSEN, TERRY L**  
STREET ADDRESS **13670 77TH TERRACE**  
CITY-ST-ZIP **SEBASTIAN FL 32978**

TITLE **D** ☒ DELETE

NAME **HARRIS, MURIEL**  
STREET ADDRESS **22932 ALLOR STREET**  
CITY-ST-ZIP **ST. CLAIR SHORES MI 48082**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 (11/98)