

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:26

DOCUMENT # **N31967 (5)**

1. Corporation Name

ALL NATIONS RECREATIONAL, CULTURAL AND SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 693
MURDOCK FL 33948

P.O. BOX 693
MURDOCK FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1989** 3a. Date of Last Report **06/28/1994**

4. FEI Number **65-0245178** Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

28 City & State

24 State

25 Country

29 State

30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERR, JEAN A
17449 CLOVER AVENUE
PORT CHARLOTTE FL 33948**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature) Name or printed name of registered agent and title (Publisher)

(Name) Registered Agent (Signature) (Registered Agent) (Signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KERR, JEAN A**
STREET ADDRESS **17449 CLOVER AVENUE**
CITY, ST, ZIP **PT. CHARLOTTE FL 33918**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **D**
NAME **JOHNSON, FREDERICK**
STREET ADDRESS **3073 CLIFFORD AVENUE**
CITY, ST, ZIP **PT. CHARLOTTE FL 33980**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **D**
NAME **SAUNDERS, INEZ**
STREET ADDRESS **PO BOX 4032**
CITY, ST, ZIP **PT. CHARLOTTE FL 33949**

31 TITLE Change Addition
32 NAME **SAUNDERS, INEZ**
33 STREET ADDRESS **PO BOX 4032 (M/A)**
34 CITY, ST, ZIP **Port Charlotte, FL 33949**

TITLE **T**
NAME **JAMES, LEROY**
STREET ADDRESS **5453 SIMRAK ST**
CITY, ST, ZIP **NORTH PORT FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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(2)(b), 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 grouped, or on an attachment with an address.

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED BY WAY 1

4/28/95

(513) 743 3575