

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N31967 (5)

1. Corporation Name
ALL NATIONS RECREATIONAL, CULTURAL AND SOCIAL CLUB, INC.



Principal Place of Business: P.O. BOX 693 MURDOCK FL 33948
Mailing Address: P.O. BOX 693 MURDOCK FL 33948

3. Date Incorporated or Qualified: 04/26/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 P.O. BOX 380693, 22 Suite, Apt. #, etc., 23 City & State: Murdock, FL, 24 Zip: 33948, 25 Country: Charlotte
2a. Mailing Address: 26 P.O. BOX 380693, 27 Suite, Apt. #, etc., 28 City & State: Murdock, FL, 29 Zip: 33948, 30 Country: Charlotte

4. FEI Number: 65-0245178
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
KERR, JEAN A
17449 CLOVER AVENUE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, JEAN A	1.2 NAME	
STREET ADDRESS	17449 CLOVER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33918	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FREDERICK	2.2 NAME	
STREET ADDRESS	3073 CLIFFORD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, INEZ	3.2 NAME	
STREET ADDRESS	PO BOX 4032	3.3 STREET ADDRESS	SAUNDERS, Inez
CITY-ST-ZIP	PT. CHARLOTTE FL 33949	3.4 CITY-ST-ZIP	18549 Game well Ave Port Charlotte, FL 33948
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, LEROY	4.2 NAME	
STREET ADDRESS	5453 SIMRAK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [Signature] 4/29/96 (941) 743-3575
Date Daytime Phone #

CR2E037 (12/95)