


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39891 (9)

1. Corporation Name

CLEWISTON COMMUNITY FITNESS CENTER, INC.



Principal Place of Business

Mailing Address

**341 CENTRAL AVENUE
CLEWISTON FL 33440
US**

**P. O. BOX 447
CLEWISTON FL 33440-0447
US**

3. Date Incorporated or Qualified **09/07/1990** 3a. Date of Last Report **07/15/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number **65-0219487** 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

10. Name and Address of New Registered Agent

**RIDGDILL, BETTY
209 CYPRESS AVENUE
CLEWISTON FL 33440**

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	DVP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, NANCY H.	1.2 NAME	COLLINS, NANCY H.
STREET ADDRESS	1205 PINWOOD ST.	1.3 STREET ADDRESS	1205 PINWOOD ST.
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	CLEWISTON, FL. 33440
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWELL, DIANE	2.2 NAME	KATHY CAUSSEAU
STREET ADDRESS	725 POINSETTIA ST	2.3 STREET ADDRESS	600 W. AVENIDA DEL RIO
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	CLEWISTON, FL.
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KAY BIRDSONG	3.2 NAME	
STREET ADDRESS	1200 PINWOOD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGDILL, BETTY L.	4.2 NAME	
STREET ADDRESS	1785 RIDGDILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADDELL, TAMARA	5.2 NAME	
STREET ADDRESS	103 RIDGEWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:  **BETTY RIDGDILL - TREASURER**
 1/22/97 941-983-3136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042583

CR2E037 (9/96)