

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90020 032 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N39891

1. Corporation Name

CLEWISTON COMMUNITY FITNESS CENTER, INC.

Principal Place of Business

341 CENTRAL AVENUE
CLEWISTON FL 33440
US

Mailing Address

P. O. BOX 447
CLEWISTON FL 33440
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/07/1990

4. FEI Number

65-0219487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RIDGDILL, BETTY
209 CYPRESS AVENUE
CLEWISTON FL 33440

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, therefore, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME COLLINS, NANCY H.
STREET ADDRESS 1205 PINEWOOD STREET
CITY-ST-ZIP CLEWISTON FL

TITLE DVP ☐ DELETE
NAME CAUSSEAU, KATHY
STREET ADDRESS 600 W. AVENIDA DEL RIO
CITY-ST-ZIP CLEWISTON FL

TITLE DP ☐ DELETE
NAME HALL, KAY BIRDSONG
STREET ADDRESS 1200 PINEWOOD ST.
CITY-ST-ZIP CLEWISTON FL

TITLE DT ☐ DELETE
NAME RIDGDILL, BETTY L.
STREET ADDRESS 1785 RIDGDILL RD.
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE
NAME WADDELL, TAMARA
STREET ADDRESS 103 RIDGEWOOD AVE
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

94-983-3136

Daytime Phone #

05-5132

CR2E037 (11/98)