

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000002353 (1)**

1. Corporation Name

**EMPLOYEES RECREATION CLUB, INC.**



Principal Place of Business

**1501 72ND ST. NORTH  
ST. PETERSBURG FL 33733**

Mailing Address

**P.O. BOX 40486  
ST. PETERSBURG FL 33743-0486**

3. Date Incorporated or Qualified  
**05/21/1993**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORYK, TIM  
4857 46TH ST N  
ST. PETERSBURG FL 33714**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HONAKER, LEE</b>	
STREET ADDRESS	<b>PO BOX 47485</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, WAYNE</b>	
STREET ADDRESS	<b>4925 21ST AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BORYK, TIM</b>	
STREET ADDRESS	<b>4857 46TH ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRETT, DIANA</b>	
STREET ADDRESS	<b>1424 ESSEX DR N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, MIKE</b>	
STREET ADDRESS	<b>11288 92ND WAY N</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RITENOUR, STEVE</b>	
STREET ADDRESS	<b>PO BOX 40485 NA</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAMS, MIKE</b>	
1.3 STREET ADDRESS	<b>11288 92ND WAY N</b>	
1.4 CITY-ST-ZIP	<b>LARGO, FL.</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kupiszewski</b>	
2.3 STREET ADDRESS	<b>701 MIRROR LK. DR. N.</b>	
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ZUCCO, JOHN</b>	
5.3 STREET ADDRESS	<b>13512 FEATHER SOUND CIRCLE W.</b>	
5.4 CITY-ST-ZIP	<b>CLEARWATER, FL</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SLAUGHTER, JOHN</b>	
6.3 STREET ADDRESS	<b>9255 FAIRWEATHER DR.</b>	
6.4 CITY-ST-ZIP	<b>LARGO, FL</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-22-96**

**381-2000 X-2813**

CR2E037 (12/95)