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FILED

Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1501 72ND ST. NORTH
ST. PETERSBURG FL 33733P.O. BOX 40486
ST. PETERSBURG FL 33743-04863. Date Incorporated or Qualified
05/21/19933a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3183291

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

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	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MIKE	
STREET ADDRESS	11288 92ND WAY NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KUPISEZEWSKI	
STREET ADDRESS	701 MIRROR LAKE DRIVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BORYK, TIM	
STREET ADDRESS	4857 46TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARRETT, DIANA	
STREET ADDRESS	1424 ESSEX DR N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZUCCO, JOHN	
STREET ADDRESS	13512 FEATHER SOUND CIRCLE WEST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLAUGHTER, JOHN	
STREET ADDRESS	9255 FAIRWEATHER DRIVE	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V ROGER EYERMAN
2.3 STREET ADDRESS	9620 105 TERR. N.
2.4 CITY-ST-ZIP	LARGO, FL 34643
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D JOE MALLEY
3.3 STREET ADDRESS	1519 PINBY BRANCH CIR.
3.4 CITY-ST-ZIP	VALRICO, FL. 33594
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S LINDA WARD
4.3 STREET ADDRESS	13167 111 TH. LAKE
4.4 CITY-ST-ZIP	LARGO, FL. 33778
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEVE RITENOUR
5.3 STREET ADDRESS	P.O. BOX 40485
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33743
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Keith Bolden
6.3 STREET ADDRESS	2100 63 RD. AVE. S
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM BORYK TREASURER

Date

1/31/97

Daytime Phone # 0051476

381-2000
x-7524

CR2E037 (9/96)