

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90103 017 ****61.25

DOCUMENT # N93000002353

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/21/1993

4. FEI Number

59-3183291

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

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

10. Name and Address of New Registered Agent

81 Name **MIKE WILLIAMS**
82 Street Address (P.O. Box Number is Not Acceptable)
~~11288 92ND WAY NORTH~~
83 **8500 Belcher RD. APT # 1615**
84 City **LARGO PINELLAS PARK, FL** 85 Zip Code **33781**

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

MIKE WILLIAMS

[Signature]

4/6/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	RITENOUR, STEVE	
STREET ADDRESS	1501 72ND STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BORYK, TIM	
STREET ADDRESS	4857 46TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALLEY, JOE	
STREET ADDRESS	1519 PINEY BRANCH CIR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEAFORT, LISA	
STREET ADDRESS	8444 94TH AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLDEN, KEITH	
STREET ADDRESS	2100 63 AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIKE WILLIAMS
1.3 STREET ADDRESS	8500 Belcher RD. APT # 1615
1.4 CITY-ST-ZIP	PINELLAS PARK, FL LARGO, FL 33781
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIKE WILLIAMS 8500 Belcher RD. APT # 1615
2.3 STREET ADDRESS	11288 92ND WAY NORTH
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL LARGO, FL 33781
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE WILLIAMS
3.3 STREET ADDRESS	8500 BELCHER RD. APT. 1615
3.4 CITY-ST-ZIP	11288 92ND WAY NORTH LARGO, FL 34695 33781
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DARRYL MILLER
4.3 STREET ADDRESS	9255 FAIRWEATHER DR
4.4 CITY-ST-ZIP	LARGO, FL 34695
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/6/99

302-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)