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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005794 (2)

1. Corporation Name

IVORY CLUB, INC. (AN ORGANIZATION OF AFRICAN PROFESSIONALS)



Principal Place of Business

9010 HOLLYSHORE DR
LUTZ FL 33549

Mailing Address

910 HOLLYSHORE DR
LUTZ FL 33549-5029P.O. Box 2269
Lutz, FL 335493. Date Incorporated or Qualified
11/21/19943a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3265654

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

EGUN, EDWARD
9010 HOLLYSHORE DR
LUTZ FL 33549

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 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

TITLE	PD	DELETE
NAME	METZGER, WALWIN	
STREET ADDRESS	2613 REGAL OAKS LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	DELETE
NAME	EGUN, EDWARD	
STREET ADDRESS	910 HOLLYSHORE DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	SD	DELETE
NAME	OLADOKUN, LEKE	
STREET ADDRESS	15420 LIVINGSTON AVE #3208	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	OGUNTEBI, DURO		
1.3 STREET ADDRESS	3111 S. OMAR AVE, TAMPA, FL		
1.4 CITY-ST-ZIP	33629		
2.1 TITLE	TD	Change	Addition
2.2 NAME	EFEBERA, HENRY		
2.3 STREET ADDRESS	9467 N. FOREST HILLS PL, TAMPA, FL		
2.4 CITY-ST-ZIP	33612		
3.1 TITLE	SD	Change	Addition
3.2 NAME	PAYE, JACKSON		
3.3 STREET ADDRESS	1704 ORANGE HILL WAY, BRANDON		
3.4 CITY-ST-ZIP	33510		
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 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

Date

Daytime Phone # 0045979

CR2E037 (9/96)