

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N94000005913 (8)

1. Corporation Name

STRIKE FORCE SPORTS CLUB INC.

95 MAY -1 AM 9:13

Principal Place of Business

Mailing Address

P.O. BOX 700033
ST CLOUD FL 34770-0033

P.O. BOX 700033
ST CLOUD FL 34770-0033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
N/A

4. FEI Number

59-3222087

Applied For

Not Applicable

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

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. 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

SECOY, WILLIAM
337 VERMONT AVE
ST CLOUD FL 34769

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

William Secoy President

(NOTE: Registered Agent Signature required when reappointing)

DATE

4-22-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME William Secoy
STREET ADDRESS 337 Vermont Ave
CITY - ST - ZIP ST CLOUD FL 34769

11 TITLE ☐ Change ☒ Addition

TITLE Vice President
NAME PAUL WAYCASTER
STREET ADDRESS 416 CONNECTICUT
CITY - ST - ZIP ST CLOUD FL 34769

12 NAME ☐ Change ☒ Addition

TITLE SECRETARY & TREASURER
NAME VALERIE OAKLEY
STREET ADDRESS P.O. BOX 700527
CITY - ST - ZIP ST CLOUD FL 34770

13 STREET ADDRESS ☐ Change ☒ Addition

TITLE MARKETING DIRECTOR
NAME MARIANNE WAYCASTER
STREET ADDRESS 416 CONNECTICUT
CITY - ST - ZIP ST CLOUD FL 34769

14 CITY - ST - ZIP ☐ Change ☒ Addition

TITLE DIRECTOR
NAME JODY SECOTY
STREET ADDRESS 337 VERMONT AVE
CITY - ST - ZIP ST CLOUD FL 34769

21 TITLE ☐ Change ☒ Addition

TITLE DIRECTOR
NAME CHUCK OAKLEY
STREET ADDRESS P.O. BOX 700527 N/A
CITY - ST - ZIP ST CLOUD FL 34770

22 NAME ☐ Change ☒ Addition

23 STREET ADDRESS ☐ Change ☒ Addition

24 CITY - ST - ZIP ☐ Change ☒ Addition

25 CITY - ST - ZIP ☐ Change ☒ Addition

26 CITY - ST - ZIP ☐ Change ☒ Addition

27 CITY - ST - ZIP ☐ Change ☒ Addition

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50 CITY - ST - ZIP ☐ Change ☒ Addition

SIGNATURE:

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

Date

Signature (Page 2)

4-22-95 407 657 3165