

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000005913 (8)**

1. Corporation Name

**STRIKE FORCE SPORTS CLUB INC.**

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified  
**12/01/1994**

3a. Date of Last Report  
**05/01/1995**

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

29 30

4. FEI Number

**59-3277087**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SECOY, WILLIAM**  
STREET ADDRESS **337 VERMONT AVE**  
CITY-ST-ZIP **ST CLOUD FL**

TITLE **VP** ☐ DELETE

NAME **WAYCASTER, PAUL**  
STREET ADDRESS **416 CONNECTICUT**  
CITY-ST-ZIP **ST CLOUD FL**

TITLE **ST** ☒ DELETE

NAME **OAKLEY, VALERIE**  
STREET ADDRESS **P O BOX 700829**  
CITY-ST-ZIP **ST CLOUD FL**

TITLE **MDO** ☒ DELETE

NAME **WAYCASTER, MARIANNE**  
STREET ADDRESS **416 CONNECTICUT**  
CITY-ST-ZIP **ST CLOUD FL**

TITLE **DD** ☒ DELETE

NAME **SECOY, JODY**  
STREET ADDRESS **337 VERMONT DR**  
CITY-ST-ZIP **ST CLOUD FL**

TITLE **DD** ☒ DELETE

NAME **OAKLEY, CHUCK**  
STREET ADDRESS **P O BOX 700829**  
CITY-ST-ZIP **ST CLOUD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

*William M Secoy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William M Secoy*

*2/25/96*

*407 854 3165*

Date Daytime Phone #

CR2E037 (12/95)