FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION - ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

Sandra B. <u>Mortham</u>, '

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600000266 (4)

CLUB RECOVERY, INC.

107 E TIFFANY DR APT 3

WEST PALM BEACH FL 33407

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address						{				
304 WEDGEWOOD PLAZA DR #304 304 WEDGEWOOD PLAZA I										
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404										
						3. Date Incorporated or Qualified 01/12/1996	3a. D	Date of Last R	eport	
2. Principal	Place of Business	2a. Mailing Address	Mailing Address			4. FEt Number Appli			plied For	
21 26		26	<u></u>			NOT WOUNT (SO 17)	<u> </u>	No	t Applicable	
Suite, Ap	t. #, etc	Suite, Apt. #, etc.	٦ ' '			5. Certificate of Status Desired		\$8.75		
22		27						• Fee Re		
City & Sta	ate	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z Ip	Country	28	Cou	ntry						
24			30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Cui		[30]			10. Name and Address of New R				
				81	Name		<u></u>			
WHITA	KEP, GEORGE H JR			82	Ctroot Ac	Idraes (C.O. Pay Number is Not Assents	blal			
304 WED: neWOOD PLAZA DR #304				82 Street Address (P.O. Box Number is Not Acceptable)			.DIE)			
RIVIERA BEACH FL 33404				83						
	•			84	City			85 Zip	Code	
					•		Fl	L I ' I '		
11. Pursuar	nt to the provisions of Sections 617.	0502 and 617.1508, Florida S	tatutes, the al	evoc	-named co	orporation submits this statement for the ration's board of directors. I hereby according	purpose	of changing it	s registered	
agent I	r registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change vollgations of, Section 617.0503	vas autrionzei 3, Florida Stat	u by utes.	me corpo	ration's board of directors, I hereby acce	the an	pointment as	teñizieren	
SIGNATURE										
	Signature, typed or printed name of registered			Ager	nt signature re	quired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN	DIRECTOR Change	RS IN 12	
TITLE	DELETE		1	1.1 TITLE 1.2 NAME				TT Cliande	Monthon	
NAME OXEGE ADDRESS	ANALISE CONTROL DI ATA DO MONA				IDDDEGG					
STREET ADDRESS	RIVIERA BEACH FL 33404	DI FOUT		1.3 STREET ADDRESS 1.4 City-St-Zip						
CITY-SI-ZIP TITLE	DS DS	DELETE		2.1 TITLE				Change	Addition	
NAME	MCCOY, DEBRA A		1	2.2 NAME				C Change		
STREET ADDRESS	A LOT MY ACTION				address					
CITY - ST - ZIP	RIVIERA BEACH FL 33404			ITY-S	· I					
TITLE	DT DELETE			TLE		DT		Change	Addition	
NAME	BEAL, ELBERT		3,2 N	AME		(Athi DillARD 538 W 156 St. RIVIERA BEACH		_		
STREET ADDRESS	OLO MANAGE DE		3.3 S	REET	ADDRESS	578 W 156 St.				
CrTY - ST - ZIP	LAKE PARK FL 33403		3.4. C	3.4. CITY - ST - ZIF		RIVIERA BEACH	rl. 3	3404		
TITLE	DP DELETE			4.1 TITLE				Change	Addition	
NAME	METRIC, BRUCE J		4. 2 N	4. 2 NAME						
STREET ADDRESS	330 TRINITY PLACE			4.3 STREET ADDRESS				•		
CITY - ST - ZIP	WEST PALM BEACH FL 33407			4.4 CITY-ST-ZIP						
TITLE	DV DELETE		5.1 TI	TLE				Change	Addition	
NAME	RUSSEL, PHILLIP		5.2 N	AME						
STREET ADDRESS			5.3 S	FREET	ADDRESS					
CITY - ST - ZIP	WEST PALM BEACH FL 3			ITY-\$1	r-zip		,			
TITLE	D	DELETE	1		-			☐ Change	Addition	
MANAE	HAZADO DOREDT		6 9 M	ALIC						

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 | SIGNATURE AND TRUED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Destrict Proce | October 19 | Date | Destrict Proce | October 19 | Date | Destrict Proce | October 19 | Octob

63 STREET ADDRESS

64 CITY-ST-ZIP