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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000001540 (1)**

1. Corporation Name
FRIENDS OF R'CLUB, INC.

Principal Place of Business	Mailing Address
4910-D CREEKSIDE DRIVE CLEARWATER FL 34620	4910-D CREEKSIDE DRIVE CLEARWATER FL 34620-4023

3. Date Incorporated or Qualified: 03/20/1996
3a. Date of Last Report:

4. FEI Number: 59-3417531 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRAUGHTON, W D
4910-D CREEKSIDE DRIVE
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name: Barbara Guarino
82 Street Address (P.O. Box Number is Not Acceptable): 4910-D CREEKSIDE DRIVE
83
84 City: CLEARWATER FL 85 Zip Code: 34620

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: Barbara D Guarino — Barbara D. Guarino, Treasurer — 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: If registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	DIETRICH, DEBORAH		12 NAME	PIE COOK	
STREET ADDRESS	12908 124TH AVENUE NORTH		13 STREET ADDRESS	1850 OAK CREEK DRIVE	
CITY-ST-ZIP	LARGO FL 34644-3503		14 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VD	☒ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	BRAUGHTON, DAVID		22 NAME	Julie Petzoldt	
STREET ADDRESS	7857 IDLEWILD LANE		23 STREET ADDRESS	3611 102ND PLACE	
CITY-ST-ZIP	SEMINOLE FL 34647		24 CITY-ST-ZIP	CLEARWATER, FL 34622	
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MARTZ, RANAE		32 NAME		
STREET ADDRESS	10271 36TH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622		34 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	41 TITLE	TD	☒ Change ☐ Addition
NAME	DILL, DIANA		42 NAME	BARBARA GUARINO	
STREET ADDRESS	8320 58TH STREET NORTH		43 STREET ADDRESS	2857 58TH CIRCLE S	
CITY-ST-ZIP	PINELLAS PARK FL 34665		44 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

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.

Barbara D Guarino — Barbara D. Guarino, Treasurer — 4/29/97