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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90095 014 \*\*\*\*61.25

0054749

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001540**

1. Corporation Name

**FRIENDS OF R'CLUB, INC.**

Principal Place of Business

4910-D CREEKSIDE DRIVE  
 CLEARWATER FL 34620

Mailing Address

4910-D CREEKSIDE DRIVE  
 CLEARWATER FL 34620



2. Principal Place of Business

21 **9550-16th Street N.**

2a. Mailing Address

26 **9550-16th Street N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **St. Petersburg FL**

27 City & State

28 **St. Petersburg FL**

Zip

Country

24 **33716**

25 **Pinellas**

Zip

Country

29 **33716**

Country

30 **Pinellas**

3. Date Incorporated or Qualified

**03/20/1996**

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

9. Name and Address of Current Registered Agent

**GUARINO, BARBARA**  
**4910-D CREEKSIDE DRIVE**  
**CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name **GUARINO, BARBARA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9550-16th Street North**

83

84 City **St. Petersburg**

**FL**

85 Zip Code  
**33716**

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**

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

(NOTE: Registered Agent signature required when reinstating)

**2/25/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
 NAME **PETZOLDT, JULIE**  
 STREET ADDRESS **3611 102ND PLACE**  
 CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE **VD** ☐ DELETE  
 NAME **JOHNSON, SHERRI**  
 STREET ADDRESS **4472 31ST AVENUE N.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **SD** ☒ DELETE  
 NAME **DAMERON, GLENA**  
 STREET ADDRESS **400 CLEVELAND STREET**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **TD** ☐ DELETE  
 NAME **GUARINO, BARBARA**  
 STREET ADDRESS **2857 58TH CIRCLE S**  
 CITY-ST-ZIP **ST PETERSBURG FL**

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 **GUARINO, BARBARA**  
 1.3 STREET ADDRESS **2857 58th Circle South**  
 1.4 CITY-ST-ZIP **St. Petersburg FL 33712**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition  
 3.2 NAME **TIMMERMAN, TRACY**  
 3.3 STREET ADDRESS **18167 US 19 N, #100**  
 3.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

4.1 TITLE **TD** ☐ Change ☒ Addition  
 4.2 NAME **WHITE, BARBARA**  
 4.3 STREET ADDRESS **6374 Burlington Avenue North**  
 4.4 CITY-ST-ZIP **St. Petersburg FL 33710**

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 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, with all other like empowered.

SIGNATURE: **Barbara D. Guarino**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/99**

Date

**800-894-7978**

Daytime Phone #

CR2E037 (11/98)