


FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006162 (9)**

1. Corporation Name

POTBELLIED PIG CLUB OF S.W. FLORIDA, INC.



Principal Place of Business 14338 CRISTOBAL STREET SE FT. MYERS FL 33905-2335 US	Mailing Address 14338 CRISTOBAL STREET SE FT. MYERS FL 33905-2335 US
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3. Date Incorporated or Qualified 12/05/1996
4. FEI Number 65-0716477
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 19651 Skipper Road Suite, Apt. #, etc.	2a. Mailing Address 26 19651 Skipper Road Suite, Apt. #, etc.
City & State 23 North Fort Myers, FL	City & State 28 North Fort Myers, FL
Zip 24 33917	Country 25 USA
Zip 29 33917	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLLENBACK, LANA F 14338 CRISTOBAL STREET SE FT. MYERS FL 33905-2335
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10. Name and Address of New Registered Agent
81 Name Pamela Winston
82 Street Address (P.O. Box Number is Not Acceptable) 2630 Avenue S - N.W.
83
84 City Winter Haven
85 Zip Code FL 33881

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 *Pamela Winston* **5/18/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME HARRIS, CYNTHIA	
STREET ADDRESS 19651 SKIPPER ROAD	
CITY-ST-ZIP NORTH FT. MYERS FL 33917	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ALTHAUER, MICHELE	
STREET ADDRESS 13100 SHETLAND LANE	
CITY-ST-ZIP FT. MYERS FL 33912	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HOLLENBACK, LANA FAYE	
STREET ADDRESS 14338 CRISTOBAL STREET SE	
CITY-ST-ZIP FT. MYERS FL 33905-2335	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same as
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C/T/D
2.3 STREET ADDRESS	Pamela Winston
2.4 CITY-ST-ZIP	2630 Avenue S - N.W.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Winter Haven, FL 33881
3.3 STREET ADDRESS	D/TR
3.4 CITY-ST-ZIP	Christine Baotwright
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5735 Cone Ln.
4.3 STREET ADDRESS	Naples, FL 33920
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/TR
5.3 STREET ADDRESS	Michelle Althausen
5.4 CITY-ST-ZIP	13100 Shetland Lane
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ft. Myers, FL 33912
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.

SIGNATURE *Pamela Winston* **5/18/98**

CR2E037 (10/97)