

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90016 027 ****61.25

DOCUMENT # N97000006745

1. Corporation Name

THE ALPHA CLUB, INC.

Principal Place of Business
**4418B NORTH HUBERT STREET
TAMPA FL 33614**

Mailing Address
**10211 EXPLORER COURT
TAMPA FL 33615
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/03/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3500409

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISNESKI, GEORGE
10211 EXPLORER COURT
TAMPA FL 33615**

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

George Wisneski **May 1, 1999**

Signature printed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BARCO, BRYANT**
STREET ADDRESS **2502 SUNNYSHOES DR**
CITY-ST-ZIP **TAMPA FL 33618**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **EDWARDS, ALAN**
STREET ADDRESS **6811 N CLEARVIEW ST**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **TD** ☐ DELETE
NAME **WISNESKI, GEORGE**
STREET ADDRESS **10211 EXPLORER COURT**
CITY-ST-ZIP **TAMPA FL 33615**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HALL, WILLIE**
STREET ADDRESS **1505 E IDA ST**
CITY-ST-ZIP **TAMPA FL 33610**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **CROMWELL, GARLAND**
STREET ADDRESS **6102 WEBB RD #1408**
CITY-ST-ZIP **TAMPA FL 33615**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *George Wisneski* **May 1, 1999** **813-882-0339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0050781