

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719177 (8)

1. Corporation Name
LAVILLA SPORTSMAN CLUB, INC.



Principal Place of Business: 7977 NEW KINGS ROAD JACKSONVILLE FL 32208
Mailing Address: 7977 NEW KINGS ROAD JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: 08/21/1970
3a. Date of Last Report: 04/21/1995

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

4. FEI Number: 23-7079033
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MADDOX, RON E.
5045190 SHERWOOD SQUARE
SOUTEL DR. W.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent
81 Name: SAME
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: Jim O'Malley / Ron E. Maddox 03-01-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MITCHELL, CHARLES	
STREET ADDRESS	2754 DELLWOOD AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILLS, JAKE	
STREET ADDRESS	952 W. BEAVER ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	PB	<input type="checkbox"/> DELETE
NAME	DRAXTON, CLARENCE	
STREET ADDRESS	8503 BUCKINHAM RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	B	<input type="checkbox"/> DELETE
NAME	RILEY, JOHN	
STREET ADDRESS	4611 CLYDE DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELL, GEORGE	
STREET ADDRESS	3308 RIBAUTL SCENIC DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	B	<input type="checkbox"/> DELETE
NAME	JEWELL, JAMES	
STREET ADDRESS	8755 FOURTH AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32208	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arthur Perry	
1.3 STREET ADDRESS	BOARD MEMBER	
1.4 CITY - ST - ZIP	2683 SANDUSKY AVE, E. JACKSONVILLE, FL. 32216	
2.1 TITLE	FIN SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EARL JACKSON	
2.3 STREET ADDRESS	9430 SIBBARD RD	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL.	
3.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Serivin	
3.3 STREET ADDRESS	1466 GROTH ST	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Willie Charles Mitchell (President) 03-01-96 (904) 764-4008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)

ARTHUR PERRY Board member
2688 SANDUSKY AVE. EAST
JAX. FL. 32216

EARL JACKSON Rec. Sec.
9430 SIBBALD RD.
JAX. FL. 32209

GEORGE SCRIVIN Sec.
1465 GROTHE ST.
JAX. FLA. 32208