

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719177 (8)
1. Corporation Name
LAVILLA SPORTSMAN CLUB, INC.

Principal Place of Business 7877 NEW KINGS ROAD JACKSONVILLE FL 32208	Mailing Address 7877 NEW KINGS ROAD JACKSONVILLE FL 32218-3630
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 08/21/1970	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-7079033	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (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	852 W. REAVER ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
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	4811 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELL, GEORGE	
STREET ADDRESS	3308 RIBAUT 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Willie Charles Mitchell Pres
1.3 STREET ADDRESS	2754 Dellwood Ave.
1.4 CITY-ST-ZIP	Jacksonville, Fl. 32205
2.1 TITLE	Willie C. Mitchell
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	500002092645
6.3 STREET ADDRESS	-02/20/97--01006--022
6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: Willie C. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-27-97
Daytime Phone: 9008888

CR2E037 (9/96)