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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham 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 32209 32219-3630	Mailing Address 7977 NEW KINGS ROAD JACKSONVILLE FL 32209 32219-3630
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3. Date Incorporated or Qualified 08/21/1970	
4. FEI Number 23-7079033	Applied For <input type="checkbox"/> Not Applicable
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	

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

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 VENCIENT'S BUSINESS SERVICES	
82 Street Address (P.O. Box Number is Not Acceptable) 6325 ARLINGTON ROAD	
83 City (ROWLAND V. WILLIAMS)	
84 City JACKSONVILLE, FL	85 Zip Code 32211

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: *Rowland V. Williams* DATE: **May 29, 1998**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MITCHELL, WILLIE C	STREET ADDRESS 2754 DELLWOOD AVE.	CITY-ST-ZIP JACKSONVILLE FL 32205	<input type="checkbox"/> DELETE
TITLE SD	NAME SILLS, JAKE	STREET ADDRESS 952 W. BEAVER ST.	CITY-ST-ZIP JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> DELETE
TITLE PB	NAME DRAXTON, CLARENCE	STREET ADDRESS 8503 BUCKINGHAM RD.	CITY-ST-ZIP JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> DELETE
TITLE B	NAME RILEY, JOHN	STREET ADDRESS 4611 CLYDE DR.	CITY-ST-ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> DELETE
TITLE TD	NAME BELL, GEORGE	STREET ADDRESS 3308 RIBAUT SCENIC DR.	CITY-ST-ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> DELETE
TITLE OVP	NAME JEWELL, JAMES	STREET ADDRESS 8755 FOURTH AVE.	CITY-ST-ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD	1.2 NAME WILLIE BROWN JR	1.3 STREET ADDRESS 8005 TARIING AVE	1.4 CITY-ST-ZIP JACKSONVILLE FLA 32219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE FS	2.2 NAME ARTHUR C PERRY	2.3 STREET ADDRESS 2683 SANDUSKY AVE E	2.4 CITY-ST-ZIP JACKSONVILLE FLA 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE D	3.2 NAME HENRY L. SELLERS	3.3 STREET ADDRESS 1507 N. CARBORDALE DRIVE	3.4 CITY-ST-ZIP JAX FL 32208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James R Bell* DATE: **2/10/98** **9847644058**

CR2E037 (10/97)