

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 719177

1. Corporation Name
LAVILLA SPORTSMAN CLUB, INC.

Principal Place of Business
 7977 NEW KINGS ROAD
 JACKSONVILLE FL 32219
 US

Mailing Address
 7977 NEW KINGS ROAD
 JACKSONVILLE FL 32219
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/21/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7079033	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, ROWLAND V VENCIENT'S BUS. SRVS 6325 ARLINGTON RD JACKSONVILLE FL 32211				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 *Rowland V. Williams* **ROWLAND V. WILLIAMS, ACCOUNTANT** 01-29-99
Signature, typed or printed name of registered agent and title 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MITCHELL, WILLIE C			1.2 NAME			
STREET ADDRESS	2754 DELLWOOD AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32205			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, WILLIE JR			2.2 NAME			
STREET ADDRESS	8005 TARLING AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32219			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SELLERS, HENRY			3.2 NAME			
STREET ADDRESS	1507 N CARBORDALE DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			3.4 CITY-ST-ZIP			
TITLE	B	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RILEY, JOHN			4.2 NAME			
STREET ADDRESS	4611 CLYDE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BELL, GEORGE			5.2 NAME			
STREET ADDRESS	3308 RIBAUT SCENIC DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JEWELL, JAMES			6.2 NAME			
STREET ADDRESS	8755 FOURTH AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			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 employed 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 with other like reports.

SIGNATURE: *Henry Sellers* **HENRY SELLERS - D - 01-29-99 904-768-2463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)