

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 APR 21 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **756848** (8)  
1. Corporation Name  
**THE GOVERNORS CLUB, INC.**

Principal Place of Business Mailing Address  
**302 1/2 S ADAMS ST  
P.O. BOX 10568  
TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1981** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-2118294** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**JOHNSON, KENNETH  
3909 ROYAL OAKS DR.  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 NAME STREET ADDRESS CITY-ST-ZIP  
VPD HINKLE, CLIFF 2916 ABBOTSFORD WAY TALLAHASSEE FL  
VPD ARRINGTON, MARVIN F. 401 EL DESTINADO DR. TALLAHASSEE FL  
~~PD BROWER, RONALD E. 108 E COLLEGE AVENUE, #1400 TALLAHASSEE FL~~  
~~ST MOWELL, JOHN B. 107 E 6TH AVENUE TALLAHASSEE FL 32303~~  
~~VPD PD HINSON, CHARLES O III 8817 LAKESHORE, WEST TALLAHASSEE FL 32312~~  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME **VPD Antoinette M. McCoy**  
3.3 STREET ADDRESS **1636-A N. Playa Dr.**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32308**  
4.1 TITLE  Change  Addition  
4.2 NAME **ST J. Veron Smith**  
4.3 STREET ADDRESS **2143 Armistead Rd.**  
4.4 CITY-ST-ZIP **Tallahassee, FL 32308**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **2659 Baxter Dr.**  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/19/95 687-6785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (day/month/year) Telephone #