

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756848 (8)**

1. Corporation Name  
**THE GOVERNORS CLUB, INC.**



Principal Place of Business <b>202 1/2 S ADAMS ST P.O. BOX 10568 TALLAHASSEE FL 32302</b>	Mailing Address <b>202 1/2 S ADAMS ST P.O. BOX 10568 TALLAHASSEE FL 32302</b>
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3. Date Incorporated or Qualified <b>03/19/1981</b>	
4. FEI Number <b>59-2118294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**JOHNSON, KENNETH  
2628 BYRON CIRCLE  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81. Name **Same**

82. Street Address (P.O. Box Number is Not Acceptable)  
**304 INGLEWOOD DRIVE**

83. City **Tallahassee** FL 85. Zip Code **32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD HINKLE, LEE 2016 ABBOTSFORD WAY TALLAHASSEE FL	1.1 TITLE	VPD Adams, Howard E. 410 Locksley Lane Tallahassee, FL 32312
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CASHIN, KEN 8771 BOBBIN HILL RD. TALLAHASSEE FL	2.1 TITLE	VPD Fraser, Donald S. 1740 Highland Place Tallahassee, FL 32308
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD PHELAN, WILLIAM 612 FOREST LAIR TALLAHASSEE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST SMITH, J. V 2229 DEMERON RD. TALLAHASSEE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD GLATFELTER, RALPH 1747 BROOKSIDE BLVD. TALLAHASSEE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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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: \_\_\_\_\_

CR2E037 (10/97)