FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:47

DOCUMENT # **759294** **(2)**

1. Corporation Name

PRUDENTIAL RECREATION AND ATHLETIC CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4579 701 SAN MARCO BLVD. JACKSONVILLE FL 32207	P.O. BOX 4579 701 SAN MARCO BLVD. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1981
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-6013008 ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

NETTING, WILLIAM, L
12930 LONGVIEW CIRCLE
JACKSONVILLE FL 32223

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES	1.1 TITLE	PRES. - D	☒ Change ☐ Addition
NAME	EDGAR, JIM	1.2 NAME	SHARON WARREN	
STREET ADDRESS	5912 INNISBROOK CT	1.3 STREET ADDRESS	10511 DONIPLAN DR	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	2.1 TITLE	THOMAS, CARRASE (VP) - D	☒ Change ☐ Addition
NAME	HYATT, DEBBIE	2.2 NAME		
STREET ADDRESS	10710 E. OLDESDALE DR	2.3 STREET ADDRESS	2032 ELLENDALE CT	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	3.1 TITLE	WILHELMINA CLAY (VP) - D	☒ Change ☐ Addition
NAME	MEIER, JENNIFER	3.2 NAME		
STREET ADDRESS	11256 OLD KINGS RD	3.3 STREET ADDRESS	6049 BLANK JR. W	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	4.1 TITLE	SEC - D	☒ Change ☐ Addition
NAME	WARREN, SHANNON	4.2 NAME	SPRAGUE, ROY	
STREET ADDRESS	10511 DONIPLAN DRIVE	4.3 STREET ADDRESS	12015 COBBLEWOOD LN	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	FC	5.1 TITLE	MINKE, TRACY (F.S) - D	☒ Change ☐ Addition
NAME	MCNAH, ROSEMARY	5.2 NAME		
STREET ADDRESS	434 LAUMINA ST	5.3 STREET ADDRESS	4263 LOSCO RD. APT. 611	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TRES	6.1 TITLE	TRES - D	☒ Change ☐ Addition
NAME	THOMAS, CANNOSE	6.2 NAME	MANATT, ROSEMARY	
STREET ADDRESS	2032 EALLENDALE CT	6.3 STREET ADDRESS	434 LAURINA ST	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE FL	

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)(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: Rosemary B. McNatt 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001422