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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **763454** (6)
1. Corporation Name
WALTON BRAVES SPORTS CLUB, INC.

Principal Place of Business Mailing Address
508 SOUTH 11TH STREET DEFUNIAK SPRINGS FL 32433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1982** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2237231** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **477 South 11th Street** 28 **477 South 11th Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
Defuniak Springs, FL **Defuniak Springs, FL**

24 **32433** 25 **US** 29 **32433** 30 **US**

9. Name and Address of Current Registered Agent
**JACKSON, KENNETH M
508 SOUTH 11TH ST
DEFUNIAK SPGS FL 32433**

10. Name and Address of New Registered Agent

81 Name **Jackson, Kenneth M.**

82 Street Address (P.O. Box Number is Not Acceptable)
477 South 11th Street

83

84 City **Defuniak Springs** 85 Zip Code **FL 32433**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JACKSON, KENNETH M.
STREET ADDRESS	508 S 11TH ST
CITY - ST - ZIP	DEFUNIAK SPRGS, FL 00000
TITLE	D
NAME	YATES, SONNY
STREET ADDRESS	110 S FIRST ST
CITY - ST - ZIP	DEFUNIAK SPGS FL
TITLE	VD
NAME	BROWN, ZOLAN
STREET ADDRESS	23 LAKESIDE DR PINESHORE
CITY - ST - ZIP	DEFUNIAK SPGS FL
TITLE	PD
NAME	CARLAN, RODNEY C
STREET ADDRESS	317 CIRCLE DRIVE
CITY - ST - ZIP	DEFUNIAK SPGS FL
TITLE	SD
NAME	FLOYD, CHARLOTTE
STREET ADDRESS	RT. 0, BOX 1184
CITY - ST - ZIP	DEFUNIAK SPRGS FL
TITLE	D
NAME	WRIGHT, KERMIT
STREET ADDRESS	615 LAKEVIEW DR
CITY - ST - ZIP	DEFUNIAK SPRGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TD Jackson, Kenneth M.
1.3 STREET ADDRESS	477 South 11th Street
1.4 CITY - ST - ZIP	Defuniak Springs, FL 32433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Jackson, Donna M.
2.3 STREET ADDRESS	477 South 11th Street
2.4 CITY - ST - ZIP	Defuniak Springs, FL 32433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD Brown, Zolan
3.3 STREET ADDRESS	633 Lakeside Drive Pineshores
3.4 CITY - ST - ZIP	Defuniak Springs, FL 32433
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD Carlan, Rodney C.
4.3 STREET ADDRESS	302 Circle Drive
4.4 CITY - ST - ZIP	Defuniak Springs, FL 32433
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD Floyd, Charlotte
5.3 STREET ADDRESS	295 Corbett Drive
5.4 CITY - ST - ZIP	Defuniak Springs, FL 32433
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Wright, Kermit
6.3 STREET ADDRESS	615 Lakeview Drive
6.4 CITY - ST - ZIP	Defuniak Springs, FL 32433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption added in Section 110.07(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: Kenneth M. Jackson 4/25/95 (904)892-3121
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE TELEPHONE #

763454

Additional Director:

Title: D

Name: Wright, Brenda

Street Address: 615 Lakeview Drive

City-ST-ZIP: DeFuniak Springs, FL 32433