

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **763454** (6)

1. Corporation Name
WALTON BRAVES SPORTS CLUB, INC.



Principal Place of Business: 477 SOUTH 11TH ST, DEFUNIAK SPRINGS FL 32433 US
Mailing Address: 477 SOUTH 11TH ST, DEFUNIAK SPRINGS FL 32433 US

3. Date Incorporated or Qualified: 05/27/1982
3a. Date of Last Report: 04/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2237231	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Zip		<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Country	28	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON, KENNETH M 477 SOUTH 11TH ST DEFUNIAK SPGS FL 32433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNETH M.	1.2 NAME	
STREET ADDRESS	477 SOUTH 11TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, DONNA M.	2.2 NAME	Willcox, Danny
STREET ADDRESS	477 SOUTH 11TH ST	2.3 STREET ADDRESS	1019 Walton Rd.
CITY-ST-ZIP	DEFUNIAK SPGS FL	2.4 CITY-ST-ZIP	DEFUNIAK SPGS FL 32433
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ZOLAN	3.2 NAME	Wright, Brenda
STREET ADDRESS	633 LAKESIDE DR PINESHORES	3.3 STREET ADDRESS	615 Lakeview Dr.
CITY-ST-ZIP	DEFUNIAK SPGS FL	3.4 CITY-ST-ZIP	DEFUNIAK Spgs. FL 32433
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLAN, RODNEY C	4.2 NAME	Carlan, Rodney C.
STREET ADDRESS	302 CIRCLE DR	4.3 STREET ADDRESS	302 Circle Dr.
CITY-ST-ZIP	DEFUNIAK SPGS FL	4.4 CITY-ST-ZIP	DEFUNIAK Spgs. FL 32433
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, CHARLOTTE	5.2 NAME	Floyd, Charlotte
STREET ADDRESS	295 CORBETT DR	5.3 STREET ADDRESS	295 Corbett Dr.
CITY-ST-ZIP	DEFUNIAK SPRGS FL	5.4 CITY-ST-ZIP	DEFUNIAK Spgs. FL 32433
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KERMIT	6.2 NAME	
STREET ADDRESS	615 LAKEVIEW DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS FL	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 617, 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 4/24/96 (904) 892-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)