

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 763454 (6)

1. Corporation Name
WALTON BRAVES SPORTS CLUB, INC.



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| Principal Place of Business 477 SOUTH 11TH ST DEFUNIAK SPRINGS FL 32433 US | Mailing Address 477 SOUTH 11TH ST DEFUNIAK SPRINGS FL 32433-261B US |
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|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/27/1982 | 3a. Date of Last Report 04/30/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2237231 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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 | <input type="checkbox"/> DELETE | | 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 | <input type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILLCOX, DANNY | | | 2.2 NAME | Willcox, DANNY | | |
| STREET ADDRESS | 1019 WALTON RD. | | | 2.3 STREET ADDRESS | 1019 WALTON Rd | | |
| CITY-ST-ZIP | DEFUNIAK SPGS FL | | | 2.4 CITY-ST-ZIP | DeFuniak Spgs FL. 32433 | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRIGHT, BRENDA | | | 3.2 NAME | | | |
| STREET ADDRESS | 615 LAKEVIEW DR. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DEFUNIAK SPGS FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CARLAN, RODNEY C | | | 4.2 NAME | Lynette Willcox | | |
| STREET ADDRESS | 302 CIRCLE DR | | | 4.3 STREET ADDRESS | 1019 WALTON Rd | | |
| CITY-ST-ZIP | DEFUNIAK SPGS FL | | | 4.4 CITY-ST-ZIP | DeFuniak Spgs FL. 32433 | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FLOYD, CHARLOTTE | | | 5.2 NAME | | | |
| STREET ADDRESS | 295 CORBETT DR | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DEFUNIAK SPRGS FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 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 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.

CR2E037 (9/96)