


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 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 # 763454 (6)**

1. Corporation Name  
**WALTON BRAVES SPORTS CLUB, INC.**



Principal Place of Business <b>477 SOUTH 11TH ST DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>477 SOUTH 11TH ST DEFUNIAK SPRINGS FL 32433 US</b>
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3. Date Incorporated or Qualified  
**05/27/1982**

4. FEI Number  
**59-2237231**

Applied For  
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**JACKSON, KENNETH M  
477 SOUTH 11TH ST  
DEFUNIAK SPGS FL 32433**

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 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

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, KENNETH M.</b>	
STREET ADDRESS	<b>477 SOUTH 11TH ST</b>	
CITY - ST - ZIP	<b>DEFUNIAK SPRGS, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLCOX, DANNY</b>	
STREET ADDRESS	<b>1019 WALTON RD.</b>	
CITY - ST - ZIP	<b>DEFUNIAK SPGS FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WRIGHT, BRENDA</b>	
STREET ADDRESS	<b>615 LAKEVIEW DR.</b>	
CITY - ST - ZIP	<b>DEFUNIAK SPGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLCOX, LYNETTE</b>	
STREET ADDRESS	<b>1019 WALTON RD</b>	
CITY - ST - ZIP	<b>DEFUNIAK SPGS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOYD, CHARLOTTE</b>	
STREET ADDRESS	<b>295 CORBETT DR</b>	
CITY - ST - ZIP	<b>DEFUNIAK SPRGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WRIGHT, KERMIT</b>	
STREET ADDRESS	<b>615 LAKEVIEW DR</b>	
CITY - ST - ZIP	<b>DEFUNIAK SPRGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JACKSON, DONNA</b>
3.3 STREET ADDRESS	<b>477 South 11th St.</b>
3.4 CITY - ST - ZIP	<b>DEFUNIAK SPGS, FL. 32433</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>CURRIE, NANCY</b>
6.3 STREET ADDRESS	<b>6381 Co. Hwy 1084 West</b>
6.4 CITY - ST - ZIP	<b>DEFUNIAK SPGS. FL. 32433</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **4/20/98** **(850) 892-3121**

CR2E037 (10/97)