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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 763454

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/27/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2237231	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLCOX, DANNY	2.2 NAME	
STREET ADDRESS	1019 WALTON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DONNA	3.2 NAME	
STREET ADDRESS	477 S 11TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL 32433	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLCOX, LYNETTE	4.2 NAME	
STREET ADDRESS	1019 WALTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, CHARLOTTE	5.2 NAME	D Baxley, Janet
STREET ADDRESS	295 CORBETT DR	5.3 STREET ADDRESS	1607 Dan Padgett Rd.
CITY-ST-ZIP	DEFUNIAK SPRGS FL	5.4 CITY-ST-ZIP	Westville, FL 32464
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, NANCY	6.2 NAME	
STREET ADDRESS	6381 C HWY 1084 W	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS FL 32433	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Kenneth M. Jackson Date: 4/19/99 Daytime Phone #: (850) 892-3121

CR2E037 (1/198)