

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15197 (9)

1. Corporation Name
FOREST CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business JOHNNIE B. BYRD, JR. 121 N. COLLINS ST. PLANT CITY FL 33564	Mailing Address JOHNNIE B. BYRD, JR. 121 N. COLLINS ST. PLANT CITY FL 33566-3311
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3. Date Incorporated or Qualified 06/02/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2679302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNNIE B. BYRD JR.
121 N. COLLINS STREET
PLANT CITY FL 33564**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVE MOORE		1.2 NAME ED WILSON	
STREET ADDRESS 2916 FOREST CLUB DR		1.3 STREET ADDRESS 2910 PINE CLUB DR	
CITY-ST-ZIP PLANT CITY FL		1.4 CITY-ST-ZIP PLANT CITY, FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIERCE CHRISTIE		2.2 NAME GARY GOPOLAND	
STREET ADDRESS 2719 FOREST CLUB DR		2.3 STREET ADDRESS 2706 FOREST CLUB	
CITY-ST-ZIP PLANT CITY FL		2.4 CITY-ST-ZIP PLANT CITY FL	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JERRY UNDERWOOD		3.2 NAME	
STREET ADDRESS 2915 FOREST CLUB DR		3.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARY L. RAINES		4.2 NAME	
STREET ADDRESS 2706 PINE CLUB DR		4.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: **GARY L. RAINES** 3-25-97 (813) 752-6066

CR2E037 (9/96)