

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 # **N15296** (9)

1. Corporation Name
MCC SKI INSTRUCTION, INC.



Principal Place of Business Mailing Address
**% EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified **06/09/1986** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-0999920** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**ALBRIGHT, EDWIN W. JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **D BROWN, TOM**
STREET ADDRESS **RT. 13 BOX 50**
CITY-ST-ZIP **LAKE CITY FL**
TITLE DELETE
NAME **D PURCIFULL, BOB**
STREET ADDRESS **12940 RIVER PLACE**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE DELETE
NAME **DS ALBRIGHT, EDWIN W JR.**
STREET ADDRESS **1937 UNIVERSITY BLVD W**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE DELETE
NAME **D EDMISTON, MARGARET ANN**
STREET ADDRESS **75 AVISTA CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE FL**
TITLE DELETE
NAME **DPT IRWIN, JAMES A.**
STREET ADDRESS **1925 WOODLEIGH DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE DELETE
NAME **D CARR, CYNTHIA C**
STREET ADDRESS **8392 BRIERWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **D Holman, Martha**
1.3 STREET ADDRESS **118 E. Monroe St.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32202**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: **James A. Irwin, President** 2/29/96 904 733-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)