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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
% EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217

Mailing Address
% EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217-2013

3. Date Incorporated or Qualified 06/09/1986	3a. Date of Last Report 03/06/1996
4. FEI Number 59-0999920	Applied For 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	

2. Principal Place of Business 21 22 23 24	2a. Mailing Address 26 27 28 29
Country	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBRIGHT, EDWIN W. JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 female or wife, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, TOM	1.2 NAME	Martha Holman
STREET ADDRESS	RT. 13 BOX 50	1.3 STREET ADDRESS	1637 Beach Avenue
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURCIFULL, BOB	2.2 NAME	Ann VanDenBerg
STREET ADDRESS	12940 RIVER PLACE	2.3 STREET ADDRESS	173 Barberrry Lane
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRIGHT, EDWIN W JR.	3.2 NAME	Hamilton Cooke
STREET ADDRESS	1937 UNIVERSITY BLVD W	3.3 STREET ADDRESS	2254 Riverplace Tower
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMISTON, MARGARET ANN	4.2 NAME	Stuart Dornblaser
STREET ADDRESS	75 AVISTA CIRCLE	4.3 STREET ADDRESS	2801 S. Ponte Vedra Blvd.
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	DPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, JAMES A.	5.2 NAME	
STREET ADDRESS	1925 WOODLEIGH DR. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, CYNTHIA C	6.2 NAME	
STREET ADDRESS	8392 BRIERWOOD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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 included 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 Book 12 of the records as it changed, or on an affidavit with an address.

SIGNATURE: *James A. Irwin* JAMES A. IRWIN - 3597 (904) 7338977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)