


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | | % EDWIN W. ALBRIGHT, JR. 1937 UNIVERSITY BOULEVARD WEST JACKSONVILLE FL 32217 | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 25 |
| | | 29 | 30 |

| | | |
|---|--|--|
| 3. Date Incorporated or Qualified | 06/09/1986 | |
| 4. FEI Number | 59-0999920 | 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 |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 | Michael E. Williams | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1937 University Blvd. W. | |
| 83 | Jacksonville, FL 32217 | |
| 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: *Michael E. Williams* DATE: 3/11/98

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 | D | <input type="checkbox"/> DELETE |
| NAME | HOLMAN, MARTHA | |
| STREET ADDRESS | 1637 BEACH AVENUE | |
| CITY-ST-ZIP | ATLANTIC BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VANDENBERG, ANN | |
| STREET ADDRESS | 173 BARBERRY LANE | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | ALBRIGHT, EDWIN W JR. | |
| STREET ADDRESS | 1937 UNIVERSITY BLVD W | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COOKE, HAMILTON | |
| STREET ADDRESS | 2254 RIVERPLACE TOWER | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DPT | <input type="checkbox"/> DELETE |
| NAME | IRWIN, JAMES A. | |
| STREET ADDRESS | 1925 WOODLEIGH DR. W. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DORNBLASER, STUART | |
| STREET ADDRESS | 2801 S PONTE VEDRA BLVD | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | |

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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | D Booher, David |
| 3.3 STREET ADDRESS | 4304 Sherwood Road |
| 3.4 CITY-ST-ZIP | Jacksonville, FL 32210-5833 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(i), 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* DATE: 3-11-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # ADDRESS

CR2E037 (10/97)