


FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 47134 (4)**
1. Corporation Name
SANTA MARIA CLUB, INC.

Principal Place of Business Mailing Address
**6455 SW STATE Rd 200
OCALA, FL. 34476
U.S.**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. Box 76011**
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 **OCALA, FL.**
24 Zip 25 Country 29 **34481** 30 **U.S.**

3. Date Incorporated or Qualified **02/03/1992** 3a. Date of Last Report **4/12/1995**
4. FEI Number **59-3114595** 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

9. Name and Address of Current Registered Agent
**Tony, John J.
10355 SW 98 Ave.
OCALA, FL. 34481**

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 *John J. Tony* (NOTE: Registered Agent signature required when reappointing) DATE **April 25, 1996**

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DEANMIT, Theodore <input type="checkbox"/> DELETE |
| NAME | 10510 SW 75 CT |
| STREET ADDRESS | OCALA, FL. 34476 |
| CITY-ST-ZIP | |
| TITLE | D. GABNER, Joseph H. <input type="checkbox"/> DELETE |
| NAME | 8696 SW 88th CT RD. |
| STREET ADDRESS | OCALA FL. 34481 |
| CITY-ST-ZIP | |
| TITLE | D T MARGIOTTA, Eugene A <input type="checkbox"/> DELETE |
| NAME | 8173 SW 106th PL |
| STREET ADDRESS | OCALA FL 34481 |
| CITY-ST-ZIP | |
| TITLE | D HENLOWITZ BERNARD W. <input type="checkbox"/> DELETE |
| NAME | 15115 SW 115th CT |
| STREET ADDRESS | OCALA FL. 34473 |
| CITY-ST-ZIP | |
| TITLE | D Tony, John J. <input type="checkbox"/> DELETE |
| NAME | 10355 SW 98th Ave |
| STREET ADDRESS | OCALA FL. 34481 |
| CITY-ST-ZIP | |
| TITLE | D William J. Couch <input type="checkbox"/> DELETE |
| NAME | 7060 SW 80th ST |
| STREET ADDRESS | OCALA FL 34476 |
| CITY-ST-ZIP | |

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 type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME | 900001850985 |
| 6.3 STREET ADDRESS | -06/04/96--01162--036 |
| 6.4 CITY-ST-ZIP | ***61.25 |

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.

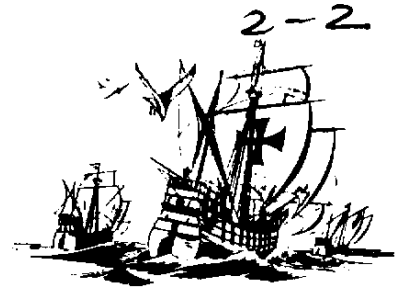
SIGNATURE: *Eugene A. Margiotta* **EUGENE A. MARGIOTTA 4/25/96 352-854-6954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)



N47134
Knights of Columbus

SANTA MARIA CLUB, Inc.
P.O. Box 76011
Ocala, Florida 34481



Additional Officers As Of 7/1/95

- D- ROBERT A. HARPER
710 SW 26th ST.
OCALA FL. 34474
- D- DOMINIC A. SALERNO
5691 SW 56th Ave.
OCALA FL 34474
- D- CHARLES R. MORAWSKI
10811 SW 67th TER.
OCALA FL. 34476
- D- ANTHONY G. LATIN
10804 SW 57th TER. Rd.
OCALA FL 34476
- D-S THOMAS TIPPINS
8386 SW 105th PL
OCALA FL 34481