

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 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 # **N93000000163 (6)**

1. Corporation Name

TURTLE & TORTOISE CLUB OF FLORIDA, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| % CHARLES H. GAUT 1419 BEV. PT. RD. LEESBURG FL 34748 | % CHARLES H. GAUT 1419 BEV. PT. RD. LEESBURG FL 34748 |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 01/08/1993 |
| 4. FEI Number | 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 checked="" 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 checked="" type="checkbox"/> No |

| |
|---|
| 9. Name and Address of Current Registered Agent |
| GAUT, CHARLES H 1419 BEV. PT. RD. LEESBURG FL 34748 |

| |
|---|
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGHES, EDWARD J SR. | 1.2 NAME | WILLIAMS, MARK |
| STREET ADDRESS | % 1419 BEV. PT. RD. | 1.3 STREET ADDRESS | 2152 JUDITH PL |
| CITY-ST-ZIP | LEESBURG FL 34748 | 1.4 CITY-ST-ZIP | LONGWOOD FL 32779 |
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAUT, CHARLES H | 2.2 NAME | BENNETT, MARVIN |
| STREET ADDRESS | 1419 BEV. PT. RD. | 2.3 STREET ADDRESS | 5440 LAKE JESSAMINE DRIVE |
| CITY-ST-ZIP | LEESBURG FL 34748 | 2.4 CITY-ST-ZIP | ORLANDO FL 32839 |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAVE, DENNIS | 3.2 NAME | ZACH, CHRISTINE |
| STREET ADDRESS | 1812 NAVAJO AVE. | 3.3 STREET ADDRESS | 4155 LUCIANO AVE |
| CITY-ST-ZIP | TAMPA FL 33612 | 3.4 CITY-ST-ZIP | COCOA FL 32926 |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAUT, CARLA N | 4.2 NAME | GAUT, CHARLES H |
| STREET ADDRESS | 1419 BEV. PT. RD. | 4.3 STREET ADDRESS | 1419 BEVERLY POINT ROAD |
| CITY-ST-ZIP | LEESBURG FL 34748 | 4.4 CITY-ST-ZIP | LEESBURG FL 34748 |
| 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 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:  **CHARLES H. GAUT** JAN 10, 1998 352-787-8542

CR2E037 (10/97)