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Feb 23 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 # N97000005658 (6)
1. Corporation Name
NONCOMMISSIONED OFFICERS' CLUB OF SAINT AUGUSTIN E, INC.



Principal Place of Business: 190 SAN MARCO AVE ST AUGUSTINE FL
Mailing Address: 190 SAN MARCO AVE ST AUGUSTINE FL

3. Date Incorporated or Qualified: 10/07/1997
4. FEI Number: 59-3446036
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: WOODRUFF, WOODY, 3703 BLUFF LANE, ST AUGUSTINE FL

10. Name and Address of New Registered Agent (81-85) fields including Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, SHAUN	
STREET ADDRESS	210 WATSON RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LILES, JAMES	
STREET ADDRESS	2991 BAY ST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, LAURIE	
STREET ADDRESS	700 W POPE RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NESTER, DANIEL	
STREET ADDRESS	2284 TWIN FOX TRAILS	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALER, JOHN	
STREET ADDRESS	5385 PORTER RD EXT.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODRUFF, WOODY	
STREET ADDRESS	3703 BLUFF LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DARYL LILES	
1.3 STREET ADDRESS	2991 BAY STREET	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIEL NESTER	
2.3 STREET ADDRESS	2284 TWIN FOX TRAILS	
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JENNIFER LINGOLD	
3.3 STREET ADDRESS	2250 OLD MOULTRIE #78	
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVEN HOWARD	
4.3 STREET ADDRESS	3656 TWISTED OAK COURT	
4.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
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: _____ 1-28-97 _____

CR2E037 (10/97)

PE 2-23

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