

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721280

(6)

1. Corporation Name

CAPITAL TIGER BAY CLUB, INC.



Principal Place of Business

Mailing Address

P. O. BOX 1173
3304 ROBINHEAD ROAD
TALLAHASSEE FL 32302

P. O. BOX 1173
3304 ROBINHEAD ROAD
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified
06/30/1971

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1611105

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORST, ERNEST B
3304 ROBINHOOD RD
TALLAHASSEE FL 32303

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

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 D ☐ DELETE

NAME CLARK, JOHN
STREET ADDRESS 2003 ELLICOTT DR
CITY-ST-ZIP TALLAHASSEE, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SUTTON, BILL
STREET ADDRESS 825 LIVE OAK PLANTATN RD
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HINKLE, LEE
STREET ADDRESS 2916 ABBOTSFORD WAY
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE

NAME DAILEY, SCOTT
STREET ADDRESS 2510 LIMERICK DR
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME MORRIS, ALLEN
STREET ADDRESS 2015 RANDOLPH CR.
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SLEPIN, STEVE
STREET ADDRESS 1114 E. PARK AVE.
CITY-ST-ZIP TALLAHASSEE, FL 00000

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/96 668-8822

CR2E037 (12/95)