

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 738007 (4)

1. Corporation Name

THE TOURIST CLUB OF ZEPHYRHILLS, INC.



Principal Place of Business

Mailing Address

5216 SEVENTH STREET  
ZEPHYRHILLS FL 33540

5216 SEVENTH STREET  
ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified  
02/07/1977

3a. Date of Last Report  
04/27/1995

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

Zip

Country

24

25

29

30

4. FEI Number

59-1749373

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

10. Name and Address of New Registered Agent

GUILDNER, LESLIE A.  
11027 FT KING RD  
DADE CITY FL 33525

PHYLLIS J. HICKS  
37425 DERBYSHIRE DR.  
ZEPHYRHILLS, FL.  
33541

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GUILDNER, LESLIE	
STREET ADDRESS	11027 FT KING ROAD	
CITY - ST - ZIP	DADE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WETHERELL, ROBERT	
STREET ADDRESS	38445 EVERGREEN DR APT 5	
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, HARVE J	
STREET ADDRESS	5353 COMMACHE	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HENDEE, DOREEN	
STREET ADDRESS	37135 FOX RUN PL	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	FS	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MARGARETT	
STREET ADDRESS	4836 ROLLINS ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHYLLIS J HICKS	
1.3 STREET ADDRESS	37425 DERBYSHIRE DR	
1.4 CITY - ST - ZIP	ZEPHYRHILLS, FL 33541	
2.1 TITLE	V-PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK SEWETT	
2.3 STREET ADDRESS	58422 COTTONWOOD PL.	
2.4 CITY - ST - ZIP	ZEPHYRHILLS, FL. 33540	
3.1 TITLE	-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL PEGAN	
3.3 STREET ADDRESS	6717 HOLLY CT	
3.4 CITY - ST - ZIP	2 HILLS, 33540	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PETE ROMANO	
4.3 STREET ADDRESS	7105 EL MATADOR	
4.4 CITY - ST - ZIP	2 HILLS, FL. 33541	
5.1 TITLE	-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RON THOMPSON	
5.3 STREET ADDRESS	4726 DOVE DR.	
5.4 CITY - ST - ZIP	2 HILLS, 33541	
6.1 TITLE	-DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HESTER TAYLOR	
6.3 STREET ADDRESS	37531 BINGO BLVD	
6.4 CITY - ST - ZIP	2 HILLS, FL 33541	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 6-96

Date

Daytime Phone #

0011486

CR2E037 (3/96)