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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08494 (9)

1. Corporation Name
BURNT STORE COUNTRY CLUB, INC.



Principal Place of Business 301 MADRID BLVD PUNTA GORDA FL 33950	Mailing Address 301 MADRID BLVD PUNTA GORDA FL 33950-7917
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3. Date Incorporated or Qualified 04/02/1985	3a. Date of Last Report 02/29/1996
4. FEI Number 59-2542237	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 [] Country
24 []	25 []
29 []	30 []

9. Name and Address of Current Registered Agent

**ROONEY, J MICHAEL
306 E. OLYMPIA AVENUE
PUNTA GORDA FL 33950**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CRASSWELLER, JAMES	
STREET ADDRESS	751 MONACO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBSEN, ROBERT	
STREET ADDRESS	2160 CHARLOTTE AMALIE CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, LEONARD	
STREET ADDRESS	517 TOULOUSE DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BABITZKE, BETTY	
STREET ADDRESS	624 LACARUNA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KNOX, DAVE	
STREET ADDRESS	4061 KING TARPON DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, NORMA	
STREET ADDRESS	3950 SAN PIETRO CT	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Ford	
1.3 STREET ADDRESS	1222 Partridge Drive	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell June	
3.3 STREET ADDRESS	313 Segovia Drive	
3.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
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	Finance Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Coleman	
6.3 STREET ADDRESS	3812 Aves Island Court	
6.4 CITY-ST-ZIP	Punta Gorda, FL 33950	

14. I do 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.

Denan Kemp

CR2E037 (9/96)