## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

N97000001837 (0)

DT COCIAL CLUD INC

DI SOCIAL CLUB INC.				I <b>irr</b> aina air iann anns arus arus arus anus anns anns an ar an
2011112				
Principal Place of Business Mailing Address			. santten ann tants santt aufer aufer abilt abilt felte tifte telab felt fibi iffi	
		2425 HARDEN BOULEVARD	LOT 162	3. Date Incorporated or Qualified
LAKELAND FL 33803 LAKELAND I		LAKELAND FL 33803		03/31/1997
				4. FEI Number Applied For
				59-3450449 Not Applicable
	Place of Business  25 Harden Blvd. Lut No. 4, etc.	2a. Mailing Address 26 2425 Hav. Suite, Apt. #, etc.	den BlVd.	5. Certificate of Status Desired S8.75 Additional Fee Regulred
	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22		27 LOT 16	۷	Trust Fund Contribution Added to Fees
City & Sta	Kelend E Country	Zip City & State		7. Is this nonprofit corporation a homeowners association?
Zip 24 3380	Country 25 USA	Zip 29 33803	Country 30 USA	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				10. Name and Address of New Registered Agent
HOLIMAN, FRED  81 Name  82 Street Address				Leonand Lees Address (P.O. Box Number is Not Acceptable)
2425 HARDEN BOULEVARD LOT 162			82 Street	Address (P.O. Box Number is Not Acceptable)
LAKELAND FL 33803			63	The state of the s
			84 City	del 7in Onda
•			City	Lakeland FL 8 38 por
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 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, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Lean and Lees. Treasurer Thomas Medical Tees 2-5-98				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh				rand Tees 2 - 2 - 98 e aquired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	₩ DELETE	1.1 TITLE	Plenetor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME	HOLIMAN, FRED	aa	1.2 NAME	Very Garfield 2425 Harden Blud Lot 162
STREET ADDRESS 2425 HARDEN BOULEVARD LOT 162			1.3 STREET ADDRESS	2425 Harden Blud Lot 162
CITY-ST-ZIP TITLE	LAKELAND FL 33803	DELETE.	1.4 CITY-ST-ZIP	Lake Jand F 33603
NAME	ABRAMSON, ABE	DE DETETE	2.1 TITLE 2.2 NAME	Lakeland F1 33803  **Director
STREET ADORESS	2425 HARDEN BOULEVARD LO	T 182	2.3 STREET ADDRESS	Just Handam Rhad 1 . TILD
CITY-ST-ZIP	LAKELAND FL 33803	1 102	2.4 CITY-ST-ZIP	Lokeland Fl 33803
TITLE	8 Director	☐ DELETÉ	3.1 TITLE	Change Addition
NAME	ANGERS, ELLIE		3.2 NAME	F
STREET ADDRESS	2425 HARDEN BOULEVARD LO	T 162	3.3 STREET ADDRESS	E
CITY-ST-ZIP	LAKELAND FL 33803		3.4. CITY-ST-ZIP	
TITLE	8 Durector	☐ DELETE	4.1 TITLE	Change Addition
NAME	Lees, Leonard		4. 2 NAME	
STREET ADDRESS	2425 HARDEN BOULEVARD LO	T 162	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	<u> </u>	4.4 CITY+ST-ZIP	
TITLE	SAAR	DELETE	5.1 TITLE	SUR Pirector Change Addition
NAME	GRADY, DEE		5.2 NAME	Neil Chambers
CTREET ARMOUND	VENT MALE EN BOTH FUNDO I O	1 1 <i>0</i> 0	E A CTOCCE ADDDECC	1 4

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.

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

■ Addition

**FILED** 

Feb 09 1998 8:00am

Secretary of State