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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738007** (4)

1. Corporation Name
THE TOURIST CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business 5216 SEVENTH STREET ZEPHYRHILLS FL 33540	Mailing Address 5216 SEVENTH STREET ZEPHYRHILLS FL 33540
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/07/1977	
4. FEI Number 59-1749373	Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GAGNE, JOSEPH T
37623 MIRIAM LN
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent
81 Name HENRY THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 34843 CHELMGFORD LN.
84 City ZEPHYRHILLS FL 85 Zip Code 33541

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GAGNE, JOSEPH T
STREET ADDRESS	37623 MIRIAM LN
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	VP <input type="checkbox"/> DELETE
NAME	JEWITT, DICK
STREET ADDRESS	38422 COTTONWOOD PLACE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, CHARLES
STREET ADDRESS	6035 12 ST
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> DELETE
NAME	FALK, FRED
STREET ADDRESS	38730 MADRID AVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HATCH, CLYDE
STREET ADDRESS	39033 MANOR DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, HESTER
STREET ADDRESS	37531 BINGO BLVD
CITY-ST-ZIP	ZEPHYRHILLS FL 33541

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	HENRY THOMPSON
1.3 STREET ADDRESS	34843 CHELMGFORD
1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DEWEY COON
5.3 STREET ADDRESS	5244 JO ST.
5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAUL PEGAN
6.3 STREET ADDRESS	6717 HOLLY CT.
6.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540

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: 

4-1-98

CR2E037 (10/97)