


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707661 (5) 1. Corporation Name KERSHORES CLUB INC.					
Principal Place of Business 24971 NE 133rd PL Salt Springs, FL 32134			Mailing Address 24971 NE 133rd PL Salt Springs, FL 32134		
2. Principal Place of Business 21 24712 NE 136 Lane Suite, Apt. #, etc.		2a. Mailing Address 26 24712 NE 136 Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/03/1964	
22 City & State 23 Salt Springs, FL 32134 Zip Country 24 32134 25 USA		27 City & State 28 Salt Springs, FL 32134 Zip Country 29 32134 30 USA		3a Date of last Report 03/11/97 4. FEI Number 70-7661520 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	
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 type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRALICK, DOROTHY 24817 NE 135th Lane Salt Springs, FL 32134			10. Name and Address of New Registered Agent 81 Name Nancy Mullins 82 Street Address (P.O. Box Number is Not Acceptable) 24712 NE 136 Lane 83 Salt Springs 84 City Salt Springs, FL 85 Zip Code 32134		
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 NANCY A. MULLINS, TREASURER <i>Nancy A. Mullins, Treas.</i> 4/11/98 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE President <input type="checkbox"/> DELETE NAME JoAnne O'Toole STREET ADDRESS 24830 NE 136 Lane CITY-ST-ZIP Salt Springs, FL 32134 TITLE D <input type="checkbox"/> DELETE NAME Ralph McQueen STREET ADDRESS 13301 NE 250th Ct CITY-ST-ZIP Salt Springs, FL 32134 TITLE D <input type="checkbox"/> DELETE NAME David Littleton STREET ADDRESS 25115 NE 133rd St. CITY-ST-ZIP Salt Springs, FL 32134 TITLE D <input checked="" type="checkbox"/> DELETE NAME Nan Comstock STREET ADDRESS 24940 NE 133rd Ln. CITY-ST-ZIP Salt Springs, FL 32134 TITLE D <input checked="" type="checkbox"/> DELETE NAME Bill Todd STREET ADDRESS 24900 NE 135th St. CITY-ST-ZIP Salt Springs, FL 32134 TITLE D <input type="checkbox"/> DELETE NAME Milton McQueen STREET ADDRESS 25105 NE 133rd Street CITY-ST-ZIP Salt Springs, FL 32134			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Jerry Marshall 1.3 STREET ADDRESS 24735 NE 136th Lane 1.4 CITY-ST-ZIP Salt Springs, FL 2.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Henry Galyen 2.3 STREET ADDRESS 25013 NE 130 Place 2.4 CITY-ST-ZIP Salt Springs, FL 32134 3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Joe Howard 3.3 STREET ADDRESS 24900 132nd Pl 3.4 CITY-ST-ZIP Salt Springs, FL 32134 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 400002494094 <input type="checkbox"/> Addition 5.2 NAME -04/21/98--01011--029 5.3 STREET ADDRESS ***61.25 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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: <i>JoAnne O'Toole</i> 4/11/98 352-685-3104 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone</small>					

CP2E037 (10/97)