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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721280

1. Corporation Name
CAPITAL TIGER BAY CLUB, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1173 3304 ROBINHEAD ROAD TALLAHASSEE FL 32302	P. O. BOX 1173 3304 ROBINHEAD ROAD TALLAHASSEE FL 32302

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/30/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1611105 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JANET HINKLE
2047 CHIMNEY SWIFT HOLLOW
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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] 2-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	JADELLE, ELISE		1.2 NAME	Bobby Bacon	
STREET ADDRESS	201 S MONROE		1.3 STREET ADDRESS	7984 Briarcreek	
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP	Tall. FL 32312	
TITLE	V	☐ DELETE	2.1 TITLE	CD Elise Judelle	☒ Change ☐ Addition
NAME	BACON, BOBBY		2.2 NAME	201 S. Monroe St.	
STREET ADDRESS	7984 BRIARCREEK		2.3 STREET ADDRESS	Tallahassee, FL	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	V Barney Bishop	☐ Change ☒ Addition
NAME	HINKLE, LEE		3.2 NAME	501 E. Tennessee St.	
STREET ADDRESS	2916 ABBOTSFORD WAY		3.3 STREET ADDRESS	Tall. FL 32308	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	D Mary Ann Lindley	☐ Change ☐ Addition
NAME	DAILEY, SCOTT		4.2 NAME	P.O. Box 990	
STREET ADDRESS	2510 LIMERICK DR		4.3 STREET ADDRESS	Tall. FL 32302	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	5.1 TITLE	Charlie Barnes	☒ Change ☐ Addition
NAME	BARNES, CHARLIE		5.2 NAME	1451 Denholm Drive	
STREET ADDRESS	1451 DENHOLM DR		5.3 STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Lee Hinkle	☐ Change ☐ Addition
NAME	SLEPIN, STEVE		6.2 NAME	2916 Abbotsford Way	
STREET ADDRESS	1114 E. PARK AVE.		6.3 STREET ADDRESS	Tall. FL 32308	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-7-99 853-3369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #