FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:42

DOCUMENT # 702675 (0)

1. Corporation Name

THE FIELD CLUB, INC.

Principal Place of Business	Mailing Address
1400 FIELD ROAD SARASOTA FL 34231	1400 FIELD ROAD SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1961
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-0813992 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEA, NORMAN J
1420 S. LAKE SHORE DRIVE
SARASOTA FL 34231

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHEA, NORMAN J., III	1.2 NAME		
STREET ADDRESS	1420 S. LAKE SHORE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	FEATHERMAN, DONALD O.	2.2 NAME	Murphy, Charles O.	
STREET ADDRESS	5122 KESTRAL PARK WAY S.	2.3 STREET ADDRESS	4597 Camino Real	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fl 34231	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DART, JOHN M	3.2 NAME		
STREET ADDRESS	1765 CHEROKEE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	DABNEY, THOMAS G II	4.2 NAME	Kunk, Stephen E.	
STREET ADDRESS	4600 CAMINO REAL	4.3 STREET ADDRESS	1625 Landinge Blvd	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, Fl. 34231	
TITLE	VD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	DONEGAN, RICHARD O	5.2 NAME		
STREET ADDRESS	1340 HARBOR DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SEARS, ERNEST C	6.2 NAME		
STREET ADDRESS	4121 ROBERTS POINT ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard O. Donegan Richard O. Donegan (813) 924-1201
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063300