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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 705335 (8)

1. Corporation Name

SANDERSON AREA CITZEN'S CLUB, INC.

Principal Place of Business	Mailing Address
RT. 1, BOX 140 SANDERSON FL 32087	RT. 1, BOX 140 SANDERSON FL 32087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1963
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2304548 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HARVEY, GENE
EARLIS HARVY RD.
ROUTE 1, BOX 140
* SANDERSON FL 32087

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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: Gene HARVEY / Gene Harvey 5-4-95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, J.A.	12 NAME	
STREET ADDRESS	RT. 1, BOX 2020	13 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	~~KELLER, EDITH D.~~	22 NAME	MATTIE ROBERTS
STREET ADDRESS	~~229 N. PO BOX 104~~	23 STREET ADDRESS	127 N
CITY-ST-ZIP	~~SANDERSON FL~~	24 CITY-ST-ZIP	SANDERSON FL 32087
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, RONALD	32 NAME	100001491901
STREET ADDRESS	CEDAR CREEK DR.	33 STREET ADDRESS	-05/17/95--01146--008
CITY-ST-ZIP	SANDERSON FL	34 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HARVEY, GENE	42 NAME	
STREET ADDRESS	RT. 1, BOX 140	43 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Gene HARVEY / Gene Harvey 5-4-95 904-275-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023123