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FILED

Apr 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706777 (0)

1. Corporation Name

APACHE CLUB OF HERNANDO INC

Principal Place of Business

Mailing Address

4789 N APACHE TRL.  
HERNANDO FL 34442  
US4789 N APACHE TRL.  
HERNANDO FL 34442-3907  
US3. Date Incorporated or Qualified  
01/30/19643a. Date of Last Report  
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENNIS, GENEVIEVE  
4463 N PIONEER TERR  
HERNANDO FL 34442

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, 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	D	<input type="checkbox"/> DELETE
NAME	STROBECK, EVELYN	
STREET ADDRESS	4701 N. APACHE TR	
CITY-ST-ZIP	HERNANDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	FRIDD, FLORENCE	
STREET ADDRESS	3519 E BUFFALO LANE	
CITY-ST-ZIP	HERNANDO, FL 00000	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ENNIS, GENEVIEVE	
STREET ADDRESS	4463 N PIONEER TERR	
CITY-ST-ZIP	HERNANDO, FL 00000	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNON, RUBY	
STREET ADDRESS	4811 N CANOE TERR	
CITY-ST-ZIP	HERNANDO FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kay Simpson
4.3 STREET ADDRESS	3505 Teepee Ln
4.4 CITY-ST-ZIP	HERNANDO, FL 34442

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLARA, MARIO F.	
STREET ADDRESS	4586 NORTH CANYON TERR.	
CITY-ST-ZIP	HERNANDO FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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:

Genevieve C. Ennis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate 4/1/97 352-726-4210  
Daytime Phone # 0085158

CR2E037 (9/96)