

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 707595

(5)

1. Corporation Name

BRITISH - AMERICAN CLUB INC

Principal Place of Business

13736 COVINGTON CREEK DRIVE
8657 BAY PINE ROAD
JACKSONVILLE FL 32224
US

Mailing Address

13736 COVINGTON CREEK DRIVE
JACKSONVILLE FL 32224
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1964

3a. Date of Last Report

08/09/1994

4. FEI Number

59-6615381

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 12402 Longlake Dr. N.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32225

Country

25 USA

2a. Mailing Address

26 12402 Longlake Dr. N

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL 32225

Zip

29 32225

Country

30 USA

9. Name and Address of Current Registered Agent

WHITFIELD, IAN
13736 COVINGTON CREEK DRIVE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

Anne C. Ronsse

82 Street Address (P.O. Box Number is Not Acceptable)

12402 Longlake Dr. N.

83

84 City

Jacksonville,

FL

85 Zip Code

32225

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITFIELD, IAN
STREET ADDRESS 13736 COVINGTON CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME FARRALL, LETITIA H.
STREET ADDRESS 4231 POLO COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME JACK, JOYCE
STREET ADDRESS 8540 RAMPART ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD
NAME DICK, PAMELA
STREET ADDRESS 1027 GROVE PARK DRIVE, E.
CITY-ST-ZIP ORANGE PARK FL

TITLE SS
NAME CARR, JULIE
STREET ADDRESS 4260 PILGRIM WAY
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD President / Director ☒ Change ☐ Addition
1.2 NAME Robert Godwin
1.3 STREET ADDRESS 32 Millie Dr.
1.4 CITY-ST-ZIP

2.1 TITLE SS Jacksonville Beach FL 32250 ☒ Change ☐ Addition
2.2 NAME Social Secretary / Director
2.3 STREET ADDRESS Emmett Lytell
2.4 CITY-ST-ZIP 8530 Lone Star Road, Jacksonville FL 32211

3.1 TITLE TD Treasurer / Director ☒ Change ☐ Addition
3.2 NAME Anne Ronsse
3.3 STREET ADDRESS 12402 Longlake Dr. N.
3.4 CITY-ST-ZIP Jacksonville, FL 32225

4.1 TITLE SD Secretary / Director ☒ Change ☐ Addition
4.2 NAME Letitia Farrall
4.3 STREET ADDRESS 4231 Polo Court, Jacksonville, FL 32211
4.4 CITY-ST-ZIP

5.1 TITLE VP Vice President / Director ☒ Change ☐ Addition
5.2 NAME Frank Wiggins
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 524 Samuel Huntingdon Street, Orange Park

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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:

Anne C. Ronsse

ANNE C. RONSSE

2-20-95

904-321-7203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number