

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **707595** (5)

1. Corporation Name

**BRITISH - AMERICAN CLUB INC**

Principal Place of Business

**12402 LONGLAKE DR. N.  
8657 BAY PINE ROAD  
JACKSONVILLE FL 32225  
US**

Mailing Address

**12402 LONGLAKE DR. N  
JACKSONVILLE FL 32225  
US**



3. Date Incorporated or Qualified

**07/16/1964**

3a. Date of Last Report

**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip Country

**25** Zip Country

**26** Zip Country

**27** Zip Country

**28** Zip Country

**29** Zip Country

**30** Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RON SSE, ANNE C.  
12402 LONGLAKE DR. N.  
JACKSONVILLE FL 32225**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **GODWIN, ROBERT**  
STREET ADDRESS **32 MILLIE DR.**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **SS** ☐ DELETE  
NAME **LYTELL, EMMETT**  
STREET ADDRESS **8530 LONE STAR ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE  
NAME **RON SSE, ANNE**  
STREET ADDRESS **12402 LONGLAKE DR. N.**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE  
NAME **FARRALL, LETITIA**  
STREET ADDRESS **4231 POLO COURT**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE  
NAME **WIGGINS, FRANK**  
STREET ADDRESS **524 SAMUAL HUNTINGDON STREET**  
CITY - ST - ZIP **ORANGE PARK FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME **MICHAEL PALMER**  
1.3 STREET ADDRESS **12402 LONGLAKE DR N**  
1.4 CITY - ST - ZIP **JACKSONVILLE, FL 32225**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Signature and Typed or Printed Name of Signing Officer or Director**

**7-25-96 221-7203**

Date

Daytime Phone #

CR2E037 (3/96)