

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707595** (5)

1. Corporation Name

BRITISH - AMERICAN CLUB INC



Principal Place of Business

Mailing Address

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

**12402 LONGLAKE DR. N
JACKSONVILLE FL 32225-3915
US**

3. Date Incorporated or Qualified 07/16/1964	3a. Date of Last Report 07/30/1996
4. FEI Number 59-6615381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, MICHAEL	1.2 NAME	PALMER, MICHAEL
STREET ADDRESS	12402 LONGLAKE DR N	1.3 STREET ADDRESS	12402 LONG LAKE DR N.
CITY - ST - ZIP	JACKSONVILLE FL 32225	1.4 CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	SS <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTELL, EMMETT	2.2 NAME	WHITFIELD, JAN
STREET ADDRESS	8530 LONE STAR ROAD	2.3 STREET ADDRESS	13736 COVINGTON CREEK DR.
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE FL 32224
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONSSSE, ANNE	3.2 NAME	DICK, PAMELA
STREET ADDRESS	12402 LONGLAKE DR. N.	3.3 STREET ADDRESS	1027 GROVE PARK DRIVE E.
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	ORANGE PARK FL 32073
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRALL, LETITIA	4.2 NAME	OUTHWAITE, RITA
STREET ADDRESS	4231 POLO COURT	4.3 STREET ADDRESS	12546 TURNBERRY DRIVE
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, FRANK	5.2 NAME	SUMAN, JUNE
STREET ADDRESS	524 SAMUAL HUNTINGDON STREET	5.3 STREET ADDRESS	10966 BERKSHIRE LANE
CITY - ST - ZIP	ORANGE PARK FL	5.4 CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **MICHAEL PALMER** 3/24/97 (904) 221-7203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006106

CR2E037 (9/96)