

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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.
JACKSONVILLE FL 32225
US

Mailing Address

12402 LONGLAKE DR. N.
JACKSONVILLE FL 32225
US

3. Date Incorporated or Qualified

07/16/1964

4. FEI Number

59-6615381

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

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

ANNE C RONSSSE

5-29-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS PALMER, MICHAEL
CITY-ST-ZIP 12402 LONGLAKE DR N
JACKSONVILLE FL

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

TITLE ☐ DELETE
NAME VD
STREET ADDRESS DICK, PAMELA
CITY-ST-ZIP 1027 GROVE PARK DR E
ORANGE PARK FL

TITLE ☒ DELETE
NAME SD
STREET ADDRESS OUTHWAITE, RITA
CITY-ST-ZIP 12546 TURNBERRY DR
JACKSONVILLE FL

TITLE ☒ DELETE
NAME DS
STREET ADDRESS SUMAN, JUNE
CITY-ST-ZIP 10966 BERKSHIRE LN
JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME PD
2.3 STREET ADDRESS LYTELL, CAROLE
2.4 CITY-ST-ZIP 8530 WONE STAR ROAD
JACKSONVILLE FL 32211

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD
3.3 STREET ADDRESS DICK, PAMELA
3.4 CITY-ST-ZIP 1027 GROVE PARK DR E.
ORANGE PARK FL 32073

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME DS
4.3 STREET ADDRESS LYTELL, EMMETT
4.4 CITY-ST-ZIP 8530 WONE STAR ROAD
JACKSONVILLE FL 32211

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VD
5.3 STREET ADDRESS TAYLOR, JOAN
5.4 CITY-ST-ZIP 122 SOUTH STREET
NEPTUNE BEACH FL 32266

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 5/29/98

(904) 613-5717

(904) 221-7203

CR2E037 (10/97)