

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90189 030 \*\*\*150.00

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**DOCUMENT # 707595**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**07/16/1964**

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

9. Name and Address of Current Registered Agent

**RONNSE, 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

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

**ANNE C. RONNSE**

(NOTE: Registered Agent signature required when reinstating)

**1-16-99**

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ DELETE  
NAME **LYTELL, CAROLE**  
STREET ADDRESS **8530 LONE STAR RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **SD** ☐ DELETE  
NAME **DICK, PAMELA**  
STREET ADDRESS **1027 GROVE PARK DR E**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **DS** ☐ DELETE  
NAME **LYTELL, EMMETT**  
STREET ADDRESS **8530 LONE STAR RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD** ☐ DELETE  
NAME **TAYLOR, JOAN**  
STREET ADDRESS **122 SOUTH ST**  
CITY-ST-ZIP **NEPTUNE BCH FL 32266**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition  
1.2 NAME **HOWSE, MARION**  
1.3 STREET ADDRESS **7773 BROCKHURST DRIVE**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **HOWSE, COLIN**  
2.3 STREET ADDRESS **7773 BROCKHURST DRIVE**  
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **OUTHWAITE, RITA**  
3.3 STREET ADDRESS **12546 TURNBERRY DRIVE**  
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32225**

4.1 TITLE **DS** ☒ Change ☐ Addition  
4.2 NAME **SUMAN JUNE**  
4.3 STREET ADDRESS **10966 BERKSHIRE LANE**  
4.4 CITY-ST-ZIP **JACKSONVILLE FL 32225**

5.1 TITLE **VD** ☒ Change ☐ Addition  
5.2 NAME **SUMAN, ATWELL**  
5.3 STREET ADDRESS **10966 BERKSHIRE LANE**  
5.4 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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, with all other like empowered.

SIGNATURE: *Rita Outhwaite* **OUTHWAITE** **1-16-99** **(904) 642-4321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)