FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **711893** **(8)**

1. Corporation Name

STARKE GOLF AND COUNTRY CLUB

Principal Place of Business	Mailing Address
NE 16TH STREET FRD 1. BOX 869 STARKE FL 32091	NE 16TH STREET FRD 1. BOX 869 STARKE FL 32091-0869

3. Date Incorporated or Qualified: **12/02/1966**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-0881494** ☐ 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

ERLE L. BIGGS
RT 1 BOX 869
STARKE FL 32091

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	KING, CHARLES F		1.2 NAME	Ben L. Maxley	
STREET ADDRESS	RT. 4 BOX 1102		1.3 STREET ADDRESS	Rt 1 Box 758E	
CITY-ST-ZIP	STARKE FL		1.4 CITY-ST-ZIP	Starke, Florida 32091	
TITLE	VD	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BIGGS, ERLE L.		2.2 NAME	Arley McRae	
STREET ADDRESS	RT. 1 BOX 864		2.3 STREET ADDRESS	RT 1 Box 869	
CITY-ST-ZIP	STARKE FL		2.4 CITY-ST-ZIP	Starke, Florida	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELDER, DWIGHT C		3.2 NAME		
STREET ADDRESS	RT 1 BOX 765		3.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEAVNER, BILL		4.2 NAME		
STREET ADDRESS	RT. 1 BOX 869		4.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, BUFORD E.		5.2 NAME		
STREET ADDRESS	656 EVERGREEN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RIGGS, JOHN		6.2 NAME		
STREET ADDRESS	RT 1		6.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: B Matthew D. 4-24-97