

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/02/1966

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

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

10. Name and Address of New Registered Agent

ERLE L. BIGGS
RT 1 BOX 869
STARKE FL 32091

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 P
NAME MOXLEY, BEN L
STREET ADDRESS RT 1 BOX 758 E
CITY-ST-ZIP STARKE FL
☒ DELETE

TITLE MD
NAME BIGGS, ERLE L.
STREET ADDRESS RT. 1 BOX 864
CITY-ST-ZIP STARKE FL
☒ DELETE

TITLE SD
NAME ELDER, DWIGHT C
STREET ADDRESS RT 1 BOX 765
CITY-ST-ZIP STARKE FL
☒ DELETE

TITLE D
NAME HEAVNER, BILL
STREET ADDRESS RT. 1 BOX 869
CITY-ST-ZIP STARKE FL
☒ DELETE

TITLE D
NAME MCKINNEY, BUFORD E.
STREET ADDRESS 856 EVERGREEN ST
CITY-ST-ZIP STARKE FL
☒ DELETE

TITLE D
NAME RIGGS, JOHN
STREET ADDRESS RT 1
CITY-ST-ZIP STARKE FL
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME Arley McCray
1.3 STREET ADDRESS Rt. 1, Box 869
1.4 CITY-ST-ZIP Starke, FL 32091
☒ Change ☐ Addition

2.1 TITLE Vice President
2.2 NAME David Jew
2.3 STREET ADDRESS Rt. 1, Box 869
2.4 CITY-ST-ZIP Starke, FL 32091
☒ Change ☐ Addition

3.1 TITLE Secretary
3.2 NAME Todd Gillenwaters
3.3 STREET ADDRESS Rt. 1, Box 369
3.4 CITY-ST-ZIP Starke, FL 32091
☒ Change ☐ Addition

4.1 TITLE Director
4.2 NAME Glen Peugh
4.3 STREET ADDRESS Rt. 1, Box 869
4.4 CITY-ST-ZIP Starke, FL 32091
☒ Change ☐ Addition

5.1 TITLE Director
5.2 NAME Gertie McKee
5.3 STREET ADDRESS RT. 1, Box 869
5.4 CITY-ST-ZIP Starke, FL 32091
☒ Change ☐ Addition

6.1 TITLE Director
6.2 NAME Bill Heavner
6.3 STREET ADDRESS Rt. 1, Box 869
6.4 CITY-ST-ZIP Starke, FL 32091
☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 12 1998 8:00am
Secretary of State



CR2E037 (5/98)

7-28-98 904 964-5441