

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712864 (8)

1. Corporation Name

MISSION VALLEY GOLF AND COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

1851 MISSION VALLEY BLVD
~~MISSION VALLEY ESTATES.~~
LAUREL FL 34272
US

PO BOX 266
LAUREL FL 34272
US

3. Date Incorporated or Qualified
06/01/1967

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1230602

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAZELROTH, FRANCIS G
159 DORY LANE
OSPREY FL 34229**

81 Name

Richard J. Hazen

82 Street Address (P.O. Box Number is Not Acceptable)

2607 Bayshore Rd.

83

84 City

Nokomis

FL

85 Zip Code
34275

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

Richard J. Hazen

Signature, typed or printed name of registered agent and title if applicable

Richard J. Hazen

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HAZELROTH, FRANCIS G	
STREET ADDRESS	159 DORY LANE	
CITY-ST-ZIP	OSPREY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STEVENSON, MALCOLM A	
STREET ADDRESS	1475 BAYSHORE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, ALICE C	
STREET ADDRESS	2607 BAYSHORE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, PAUL L JR.	
STREET ADDRESS	4839 HOYER DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLATTERY, THOMAS E	
STREET ADDRESS	460 ANCHORAGE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond P. Lang, Jr.	
2.3 STREET ADDRESS	6300 Midnight Pass Rd., #1209	
2.4 CITY-ST-ZIP	Sarasota, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard J. Hazen	
3.3 STREET ADDRESS	2607 Bayshore Rd.	
3.4 CITY-ST-ZIP	Nokomis, FL	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mack R. Wilcox, Jr.	
4.3 STREET ADDRESS	324 Sunrise Dr.	
4.4 CITY-ST-ZIP	Nokomis, FL	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard J. Hazen

Richard J. Hazen

1/20/96

941-488-9683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)