

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712864** (8)  
1. Corporation Name  
**MISSION VALLEY GOLF AND COUNTRY CLUB, INC.**

Principal Place of Business <b>1851 MISSION VALLEY BLVD LAUREL FL 34272 US</b>	Mailing Address <b>PO BOX 266 LAUREL FL 34272 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/01/1967</b>	
4. FEI Number <b>59-1230602</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DEBOER, ROBERT J 613 FOUR BAYS DRIVE NOKOMIS FL 34275</b>	10. Name and Address of New Registered Agent 81 Name <b>Dulmer, John J., Jr.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2057 Tocobaga Lane</b> 83 84 City <b>Nokomis</b> FL 85 Zip Code <b>34275</b>
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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 **(John J. Dulmer, Jr.)** 1-21-98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE NAME <b>DEBOER, ROBERT J</b> STREET ADDRESS <b>613 FOUR BAYS DRIVE</b> CITY-ST-ZIP <b>NOKOMIS FL</b>	1.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Dulmer, John J., Jr.</b> 1.3 STREET ADDRESS <b>2057 Tocobaga Lane</b> 1.4 CITY-ST-ZIP <b>Nokomis, FL 34275</b>
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>LANG, RAYMOND P JR</b> STREET ADDRESS <b>254 LOOKOUT POINT DR</b> CITY-ST-ZIP <b>OSPREY FL</b>	2.1 TITLE <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>WILCOX, MACK R JR</b> STREET ADDRESS <b>324 SUNRISE DR.</b> CITY-ST-ZIP <b>NOKOMIS FL</b>	3.1 TITLE <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Augenthaler, Warren W.</b> 3.3 STREET ADDRESS <b>201 Harbor House Drive</b> 3.4 CITY-ST-ZIP <b>Osprey, FL 34229</b>
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>BONE, DUANE</b> STREET ADDRESS <b>143 SEA ANCHOR DR</b> CITY-ST-ZIP <b>OSPREY FL</b>	4.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: **(John J. Dulmer, Jr., Secretary)** 1-21-98