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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 712864

1. Corporation Name

MISSION VALLEY GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

1851 MISSION VALLEY BLVD LAUREL FL 34272 US

Mailing Address

PO BOX 266 LAUREL FL 34272 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

26

06/01/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For Not Applicable

59-1230602

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DULMER, JOHN J JR 2057 TOCOBAGA LANE NOKOMIS FL 34275

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

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like DULMER, JOHN J JR, LANG, RAYMOND P JR, AUGENTHALER, WARREN W, BONE, DUANE.

Mr Lang signed block to left. His name is already typed above please ignore. Thank you.

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to exercise Block 12 or Block 13 if changed, or on an attachment with an address, with all of

SIGNATURE:

Signature and typed or printed name of signing officer or

I hereby certify that the information under oath; that I am an my name appears in

(941) 488-9683

Daytime Phone #

CR2E037 (11/98)