FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 713011

(5)

DANIARA	CITY CWI	M AND TE	nnis ci iib.	INC

Principal Place	of Business	Mailing Address				f idaliti sadat ninna titiki daliat kidal sidir dalah diani diani diani diani diani diani diani diani	
HWY 390		HWY 390					
P O BOX 38		P O BOX 38					
LYNN HAVEN FL 32444 LYNN HAVEN FL 32444						Date Incorporated or Qualified 3a. Date of Last Report	
						06/29/1967 05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number Applied For	
21 26		26	· · · · · · · · · · · · · · · · · · ·			59-1541883 Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22 27					 	Fee Hequired	
City & State City & State			, , ,				
23	0	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	0	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
24	25 g. Name and Address of Currer		<u> </u>	Γ		10. Name and Address of New Registered Agent	
	g. Name and Address of Conto.	it Hogiotorou vigotii		81	Name		
*****	101104				<u> </u>	/D.O. Day Number is Not Accordable)	
TAYLOR,				82	82 Street Address (P.O. Box Number is Not Acceptable)		
	SINIA AVE			83			
LYNN HA	VEN FL 32444						
				В4	City	FL 85 Zip Code	
44 Durayant t	a the provisions of Pactions 617 0500	2 and 617 1508 Florida Statutes	the abo	we-r	named co	paration submits this statement for the purpose of changing its registered office	
or registere	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorized	by the	corp	oration's I	poration submits this statement for the porpose of all anguing to object of an anguing the agent. I am	
SIGNATURE _	in, and doodpt and benganene on, eve	•					
	Signature, typed or printed name of registered agen			Ager	it signature re	pulred when renstating) DATE ADDITIONS (CHANGES TO DESIGERS AND DIRECTORS IN 12	
12.		ID DIRECTORS	13.	T. 5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT Addition	
TITLE	8	DEFELE	1.1 TI		1	PResident Addition	
NAME	BASSETT, KAREN		1.2 N			WARREN PLICE 1725	
STREET ADDRESS	2643 FEROL LANE				ADDRESS	1000 SUNSUT CARE	
CITY-ST-ZIP	LYNN HAVEN FL	Florens			ST-ZIP	WARREN PHILLIPS 1000 SUNSOT LANE LYNN HAVEN, FL, 32444 Warren Addition	
TITLE	# D	DELETE	2.1 T			V-PRESIDENT	
NAME	TAYLOR, LOUISA		2.2 N			CHARLIE MYERS	
STREET ADDRESS	272 VIRGINIA AVE				ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL				ST-ZIP	PANAMA CITY, FL, 32405 TRANSPORT	
TITLE	D	ELETE	3.1 T	ITLE		TREASURER Change Addition	
NAME	PERCY, PAM		3.2 N	IAME		Roch DIAOUST	
STREET ADDRESS	3010 W. 20TH COURT		3.3 8	TREET	T ADDRESS	2654 REROL LANG	
CITY - ST - ZIP	PANAMA CITY FL				ST-ZIP	LYNN HAVEN, FLORIDA, 32444	
TITLE	T	DELETE	4.1 7			D)12*C+0/C	
NAME	SCOTT, BONNIE		4.21	NAME		SUE SHARPE 918 BRADLEY CIRCLE	
STREET ADDRESS	2134 HENTZ DR.				T ADDRESS	918 BRADLEY CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405				ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	DV	DELETE	5.1 T	ITLE		DIRECTOR Change Addition	
NAME	AYES, WYN		5.2 1	IAME		TIM SLOAN	
STREET ADDRESS	2121 SHAMROCK LANE		5.3 9	STREET	t address	2818 LONGLENE RD	
CITY-ST-ZIP	LYNN HAVEN FL 32444				ST-ZIP	PANAMA CITY, FL, 32405	
TITLE	DILECTOR	DELETE		TITLE		DIRECTOR Change Addition	
NAME	BOB SIMENSO	N	621	NAME		BRITTY WACKOB 3010 W 20th COURT	
STREET ADDRESS	P.O. BOX 554		6.3 5	STREE	1 ADDRESS	3010 W 20th COURT	
CITY - ST - ZIP	LYNN HAVEN	1 , FL, 32441	6.40	CITY-	ST-ZIP	PANAMA CITY, FL, 32405	
						lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under the control of the contr	
l oath that	I am an officer or director of the corn	ioration or the receiver or trustee (empow	ered	to execut	e this report as required by Chapter 617, Florida Statutes; and that my name	
appears in	n Block 12 or Block 13 if changes, or	on an attachment with an address	s.			1 Z) N	
SIGNAT	TUDE: //www.	1 8 14	۔	ム	l.c.	5-17-56 904-784-6733 Date Rocal No Control (0) 125	
SIGNA	BIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRE	стоп	1	Date Daytime Phone 147 125	
						Road No month (01.0)	