

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 # 713895 (1)

1. Corporation Name

LEMON BAY VETERANS CLUB, INC.

Principal Place of Business

350 S MCCALL RD.
ENGLEWOOD FL 34223

Mailing Address

350 S MCCALL RD.
ENGLEWOOD FL 34223



3. Date Incorporated or Qualified
12/29/1967

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLBAUM, R.W., JR.
350 SOUTH INDIANA AVENUE
ENGLEWOOD FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME STIGERS, JIM
STREET ADDRESS 807 TANGERINE WDS BLVD.
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME BARBARA TANNATT
1.3 STREET ADDRESS 11029 VANESSA AVE
1.4 CITY-ST-ZIP ENGLEWOOD FL. 34224

TITLE VD ☒ DELETE
NAME MICHELLA, ANTHONY V
STREET ADDRESS 7415 CASTLEBERRY TERRACE
CITY-ST-ZIP ENGLEWOOD FL

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME RANSOM RIGGS
2.3 STREET ADDRESS 925 S. DEARBORN D 201
2.4 CITY-ST-ZIP ENGLEWOOD FL. 34223

TITLE D ☒ DELETE
NAME KULL, MADELINE T
STREET ADDRESS 1690 CLINOR PLACE
CITY-ST-ZIP ENGELWOOD FL

3.1 TITLE SD ☐ Change ☐ Addition
3.2 NAME ELLA VANGELDER
3.3 STREET ADDRESS 6 QUAILS RUN BLVD. #4
3.4 CITY-ST-ZIP ENGLEWOOD FL. 34223

TITLE TD ☒ DELETE
NAME BRASAEMLE, RALPH W
STREET ADDRESS 1915 MICHIGAN AVE
CITY-ST-ZIP ENGLEWOOD FL

4.1 TITLE TD ☐ Change ☐ Addition
4.2 NAME MARIE EXNER
4.3 STREET ADDRESS 50 ENGLEWOOD HTS. RD.
4.4 CITY-ST-ZIP ENGLEWOOD FL. 34223

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

Date

941-474-2305

Daytime Phone #

CR2E037 (12/95)