


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34223-3627
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1967		3a. Date of Last Report 03/27/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1060003		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANNATT, BARBARA		1.2 NAME	RON STAYTE			
STREET ADDRESS	11029 VANESSA AVENUE		1.3 STREET ADDRESS	787 MOBILE GARDENS			
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	ENGLEWOOD FL. 34224			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANSOM, RIGGS		2.2 NAME	HELEN HARDER			
STREET ADDRESS	925 S DEARBORN D-201		2.3 STREET ADDRESS	1475 - 246 FLAMINGO DR			
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP	ENGLEWOOD FL. 34224			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANGELDER, ELLA		3.2 NAME	BARBARA TANNATT			
STREET ADDRESS	6 QUAILS RUN BLVD #4		3.3 STREET ADDRESS	11029 VANESSA AVE			
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	ENGLEWOOD FL. 34224			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EXNER, MARIE		4.2 NAME				
STREET ADDRESS	50 ENGLEWOOD HTS ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP		34223		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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.

CR2E037 (9/96)