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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 713895

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/29/1967

4. FEI Number

59-1060003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME STAYTE, RON
STREET ADDRESS 757 MOBILE GARDENS
CITY-ST-ZIP ENGLEWOOD FL

TITLE VD ☒ DELETE
NAME HARDER, HELEN
STREET ADDRESS 1475-246 FLAMINGO DRIVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE SD ☒ DELETE
NAME TANNATT, BARBARA
STREET ADDRESS 11029 VANESSA AVE.
CITY-ST-ZIP ENGELWOOD FL

TITLE TD ☒ DELETE
NAME EXNER, MARIE
STREET ADDRESS 50 ENGLEWOOD HTS ROAD
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **STAYTE, WILMA**
3.3 STREET ADDRESS **757 MOBILE GARDENS**
3.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD TANNATT, BARBARA**
4.3 STREET ADDRESS **11029 VANESSA AVE**
4.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Barbara Tannatt* **SIGNATURE REQUIRED** *BARBARA TANNATT* *3/2/99* *941-474-0997*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)