FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717760 (3)

1. Corporation Name

NASITRA CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12321 JACKSONVILLE FL 32209	P.O. BOX 12321 JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1969
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2938891 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

SAPP, SAMUEL E.
2417 PALMDALE STREET
JACKSONVILLE FL 32208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD ☐ Change ☐ Addition
NAME	STOCKLING, ULYSSES, JR	1.2 NAME	SAPP, SAMUEL E.
STREET ADDRESS	4442 BEDIVERE RD	1.3 STREET ADDRESS	2417 PALMDALE STREET
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	SAVAGE, MARION	2.2 NAME	LEWIS, WILLIAM P.
STREET ADDRESS	5721 BRAIT AVE.	2.3 STREET ADDRESS	5936 CHARLES D. EVERS DR.
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	SAPP, SAMUEL E	3.2 NAME	NORTON, CLIFFORD N.
STREET ADDRESS	2417 PALMDALE ST.	3.3 STREET ADDRESS	3509 JAPONICA RD, N.
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	S	4.1 TITLE	S ☐ Change ☐ Addition
NAME	BROWN, MERLIN	4.2 NAME	BELL, RENZER
STREET ADDRESS	5018 LINCOLN CT S	4.3 STREET ADDRESS	900 BROWARD RD. APT # 83
CITY-ST-ZIP	JACKSONVILLE FL 32209	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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.

SIGNATURE: Samuel E Sapp SAMUEL E. SAPP 4/25/95 1-904-765-0767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

602B300