

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **717760** (3)
1. Corporation Name
NASITRA CLUB, INC.



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| Principal Place of Business P.O. BOX 12321 JACKSONVILLE FL 32209 | Mailing Address P.O. BOX 12321 JACKSONVILLE FL 32209-0321 |
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|--------------------------------|---------------------|---------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/17/1969 | 3a. Date of Last Report 02/26/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2938891 | 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 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | 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 | |
| SAPP, SAMUEL E. 2417 PALMDALE STREET JACKSONVILLE FL 32208 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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 | TD | 1.1 TITLE | PD |
| NAME | SAPP, SAMUEL | 1.2 NAME | ALBERTA, LUCIOUS JR. |
| STREET ADDRESS | 2417 PALMDALE ST | 1.3 STREET ADDRESS | 3534 HICKORY NUT DR |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | PD | 2.1 TITLE | SD |
| NAME | LEWIS, WILLIAM P | 2.2 NAME | BROWN, MERLIN |
| STREET ADDRESS | 5936 CHARLES D EVERS DR | 2.3 STREET ADDRESS | 5016 LINCOLN CIRCLE S. |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | SD | 3.1 TITLE | TD |
| NAME | NORTON, CLIFFORD N | 3.2 NAME | LEWIS, WILLIAM P. |
| STREET ADDRESS | 3509 JAPONICA RD N | 3.3 STREET ADDRESS | 5936 CHARLES D. EVERS DR. |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | S | 4.1 TITLE | S |
| NAME | BELL, RENZER | 4.2 NAME | STOCKLING, ULYSSES JR. |
| STREET ADDRESS | 900 BROWARD RD APT 83 | 4.3 STREET ADDRESS | 4442 BEDIVERE RD. |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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.

SIGNATURE Merlin Brown MERLIN BROWN, 4/26/97 (904)764-8469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006183

CR2E037 (9/96)