FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 717760 1. Corporation Name

NASITRA CLUB, INC.

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

Mailing Address

P.O. BOX 12321

JACKSONVILLE FL 32209

FILED Apr 23, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		3. Date Incorporated or Qualifed 12/17/1969			
21		26			12/17/1909 4. FEI Number		lied Fan	
Suite, Apt. #, etc.					59-2938891		lied For Applicable	
22		27		 	39-2930091		-7.5	
City & State	City & State City & State			•	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country Zip 25 29 30				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	9. Name and Address of Current	<u> </u>	/1 _		10. Name and Address of New Registe	red Agent		
	o. Hallie Sile Address of Carrent	registores rigorie	81	Name				
SAPP, SAMUEL E.				82 Street Address (P.O. Box Number is Not Acceptable)				
2417 PALMDALE STREET								
JACKSONVILLE FL 32208			83					
•				84 City FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named con	poration submits this statement for the purpos	se of changing its r	egistered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	ionzed by i	he corporati	ion's board of directors. I hereby accept the a	ppointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered egent a	and title if applicable. (NOTF: Re	ogistered Apent	signature require	ed when reinstating) DAT	·		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12	
TITLE	PD	K DELETE	1.1 TITLE	Ι,	DD.	▼ Change	Addition	
NAME	ALBERTA, LUCIOUS J		1.2 NAME		PD			
STREET ADDRESS	3534 HICKORY NUT DR.		1.3 STREET	ADDDEOO I	JAMES C. PRIME			
				l .	7153 RICHARDSON RD.			
CITY-ST-ZIP	JACKSONVILLE FL	X DELETE	1.4 CITY-ST 2.1 TITLE	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	K Change	Addition	
	SD MEDIA	2	2.2 NAME		SD .			
NAME	BROWN, MERLIN		2.3 STREET	1 "	SAMUEL E. SAPP			
STREET ADDRESS	5016 LINCOLN CIR. S.			} '	2417 PALMDALE ST.			
CFTY-ST-ZIP	JACKSONVILLE FL.	☐ DELETE	2.4 CITY-S' 3.1 TITLE		JACKSONVILLE, FL 32208 Care	Change	Addition	
TITLE	TD	- DELETE		1 :	, 7			
NAME	LEWIS, WILLIAM P		3.2 NAME	ŀ				
STREET ADDRESS	5936 CHARLES D. EVERS DR.		3.3 STREET					
CITY-ST-ZIP	JACKSONVILLE FL	127	3.4. CITY-5		S	K Change	Addition	
TITLE	S	K) DELETE	4.1 TITLE			₹ Citalide	Aguillon	
NAME	STOCKLING, ULYSSES J	43.	4. 2 NAME		CHRISTOPHER J. JOHNSON			
STREET ADDRESS	4442 BEDIVERE RD		4.3 STREET		4301 ALOLLO AVE.			
CITY-ST-ZIP	JACKSONVILLE FL	<u></u>	4.4 CITY-ST	-ZIP	JACKSONVILLE, FL #000c			
TITLE		☐ DELETE	5.1 TITLE)		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS	,		5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE "	6.1 TITLE		•	Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-7IP			6.4 CITY-ST					
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	ne exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I furthe	or certify that the in	formation	

indicated on this annual report or supplied with 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: