

FILE NOW: FILING FEE IS \$61.25

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May 20 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 # 718584 (6)
1. Corporation Name
SUPERVISORS SOCIAL CLUB, INC.



Principal Place of Business Mailing Address
3310 OLD JENNINGS ROAD 3310 OLD JENNINGS ROAD
MIDDLEBURG FL 32068 MIDDLEBURG FL 32068-3417
US US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1970		3a. Date of Last Report 04/22/1996	
21		26		4. FEI Number 59-7101748		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALPH STORY
4962 RED PINE COURT
JACKSONVILLE FL 32210

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 RALPH STORY Ralph Story 4/19/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MISNER, RUSSELL F.		1.2 NAME	DANIEL SULLIVAN			
STREET ADDRESS	3213 RIVER RD.		1.3 STREET ADDRESS	4165 OLD JENNINGS RD			
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	MIDDLEBURG FL 32067			
TITLE	C D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STORY, RALPH		2.2 NAME	EARL LEE			
STREET ADDRESS	4962 RED PINE COURT		2.3 STREET ADDRESS	2540 AQUARIUS ST			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	ORANGE PARK FL 32073			
TITLE	S D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SILVERIA, NANCY		3.2 NAME	BRUCE MC CURDY			
STREET ADDRESS	714 HIGHLANDS AVE		3.3 STREET ADDRESS	2332 FAIRFIELD CT			
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP	ORANGE PARK FL 32073			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARGE, WILLIAM M.		4.2 NAME				
STREET ADDRESS	4855 ORTEGA FARMS BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP				
TITLE	V D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEEDS, SOMERS E		5.2 NAME				
STREET ADDRESS	944 LAKE ASBURY DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	GREEN COVE SPRINGS FL		5.4 CITY-ST-ZIP				
TITLE	B D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEAUDOIN, HENRY		6.2 NAME				
STREET ADDRESS	2490 HALPERS WAY		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		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: Henry Beaudoin 4-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000954

CFR2037 (9/96)