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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718584** (6)

1. Corporation Name

SUPERVISORS SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

**3310 OLD JENNINGS ROAD
MIDDLEBURG FL 32068
US**

**3310 OLD JENNINGS ROAD
MIDDLEBURG FL 32068
US**

3. Date Incorporated or Qualified

05/26/1970

4. FEI Number

59-7101748

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SULLIVAN, JAMEL**
STREET ADDRESS **4165 OLD JENNINGS RD**
CITY - ST - ZIP **MIDDLEBURG FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **LEE, EARL**
1.3 STREET ADDRESS **2540 AQUARIUS AVE.**
1.4 CITY - ST - ZIP **ORANGE PARK, FL 32073**

TITLE **CD** ☐ DELETE
NAME **STORY, RALPH**
STREET ADDRESS **4962 RED PINE COURT**
CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE **SD** ☐ DELETE
NAME **SILVERIA, NANCY**
STREET ADDRESS **714 HIGHLANDS AVE**
CITY - ST - ZIP **GREEN COVE SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **BARGE, WILLIAM M.**
STREET ADDRESS **4655 ORTEGA FARMS BLVD**
CITY - ST - ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **LEEDS, SOMERS E**
STREET ADDRESS **944 LAKE ASBURY DR**
CITY - ST - ZIP **GREEN COVE SPRINGS FL**

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

TITLE **D** ☐ DELETE
NAME **BEAUDOIN, HENRY**
STREET ADDRESS **2490 HALPERS WAY**
CITY - ST - ZIP **MIDDLEBURG FL**

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.

SIGNATURE:

Henry Beaudoin

4/28/98 904-282-1173

CR2E037 (10/97)