FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **719177**   **(8)**

1. Corporation Name

LAVILLA SPORTSMAN CLUB, INC.

Principal Place of Business	Mailing Address
7977 NEW KINGS ROAD JACKSONVILLE FL 32208	7977 NEW KINGS ROAD JACKSONVILLE FL 32219-3630

3. Date Incorporated or Qualified **08/21/1970**	3a. Date of Last Report **04/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **23-7079033** — Applied For / Not Applicable
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22	27	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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	10. Name and Address of New Registered Agent
MADDOX, RON E. 5045190 SHERWOOD SQUARE SOUTEL DR. W. JACKSONVILLE FL 32208	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 II applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **MITCHELL, CHARLES**		1.2 NAME	*Willie Charles Mitchell Pres D*
STREET ADDRESS **2754 DELLWOOD AVE.**		1.3 STREET ADDRESS	*2754 Dellwood Ave.*
CITY-ST-ZIP **JACKSONVILLE FL 32206**		1.4 CITY-ST-ZIP	*Jacksonville, FL 32205*
TITLE **SD**	☐ DELETE	2.1 TITLE	*Willie C. Mitchell* ☐ Change ☐ Addition
NAME **SILLS, JAKE**		2.2 NAME	
STREET ADDRESS **852 W. BEAVER ST.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL 32206**		2.4 CITY-ST-ZIP	
TITLE **PB**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **DRAXTON, CLARENCE**		3.2 NAME	
STREET ADDRESS **8503 BUCKINHAM RD.**		3.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL 32208**		3.4 CITY-ST-ZIP	
TITLE **B**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **RILEY, JOHN**		4.2 NAME	
STREET ADDRESS **4611 CLYDE DR.**		4.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL 32208**		4.4 CITY-ST-ZIP	
TITLE **TD**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **BELL, GEORGE**		5.2 NAME	
STREET ADDRESS **3308 RIBAULT SCENIC DR.**		5.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL 32208**		5.4 CITY-ST-ZIP	
TITLE **B**	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **JEWELL, JAMES**		6.2 NAME	
STREET ADDRESS **8755 FOURTH AVE.**		6.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL 32208**		6.4 CITY-ST-ZIP	

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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: *Willie C. Mitchell Willie C. Mitchell*   *1-27-97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #0005855