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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90044 018 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719177**

1. Corporation Name

**LAVILLA SPORTSMAN CLUB, INC.**

Principal Place of Business

7977 NEW KINGS ROAD  
JACKSONVILLE FL 32219  
US

Mailing Address

7977 NEW KINGS ROAD  
JACKSONVILLE FL 32219  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/21/1970

4. FEI Number

23-7079033

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WILLIAMS, ROWLAND V  
VENCIENT'S BUS. SRVS  
6325 ARLINGTON RD  
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

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

*Rowland V. Williams*  
Signature, typed or printed name of registered agent and title if applicable.

**ROWLAND V. WILLIAMS, ACCOUNTANT**

DATE

**01-29-99**

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**  
NAME **MITCHELL, WILLIE C**  
STREET ADDRESS **2754 DELLWOOD AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **SD**  
NAME **BROWN, WILLIE JR**  
STREET ADDRESS **8005 TARLING AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **D**  
NAME **SELLERS, HENRY**  
STREET ADDRESS **1507 N CARBORDALE DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **B**  
NAME **RILEY, JOHN**  
STREET ADDRESS **4611 CLYDE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **TD**  
NAME **BELL, GEORGE**  
STREET ADDRESS **3308 RIBAUT SCENIC DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **VP**  
NAME **JEWELL, JAMES**  
STREET ADDRESS **8755 FOURTH AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
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 employed 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 exhibit, with the other like report.

SIGNATURE:

*Henry Sellers*  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)