

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736636

(2)

1. Corporation Name

SMM FRIAR'S CLUB, INC.



Principal Place of Business

861 MAITLAND AVENUE  
ALTAMONTE SPRGS FL 32701-6847

Mailing Address

861 MAITLAND AVENUE  
ALTAMONTE SPRGS FL 32701-6847

3. Date Incorporated or Qualified  
08/20/1976

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
58-0877829

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENIOR, FRANCIS  
604 RED SAIL LANE  
ALTAMONTE SPRINGS FL 32701

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

CIRA, JAMES

STREET ADDRESS

407 HERMITAGE DR

CITY-ST-ZIP

ALTAMONTE SPRGS FL

TITLE

D

☒ DELETE

NAME

SCHMIDT, AUREL

STREET ADDRESS

200 SPRINGWOOD TRAIL

CITY-ST-ZIP

MAITLAND FL

TITLE

PD

☐ DELETE

NAME

JENIOR, FRANCIS

STREET ADDRESS

604 RED SAIL LANE

CITY-ST-ZIP

ALTAMONTE SPRINGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Raborn, Karen M.  
604 Conrad Ct.  
Altamonte Springs FL 32701

D  
Mitchell, Charles I  
861 Maitland Ave  
Altamonte Spgs FL 32701

000001787780  
-04/22/96--01010--032  
\*\*\*245.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)