

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 736636**

1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**58-0877829**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MITCHELL, CHARLES I  
861 MAITLAND AVENUE  
ALTAMONTE SPRGS, FL 32701-6847**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000103469  
04/05/04-80056-011 245.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RABORN, KAREN M  
514 RIVIERA DR  
ALTAMONTE SPRGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MITCHELL, CHARLES  
861 MAITLAND AVE. IL  
ALTAMONTE SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KUHN, JOANN  
519 MASON ST  
ALTAMONTE SPGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04 407 831-1212