


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

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

DOCUMENT # **738511** (5)
1. Corporation Name
SEA PINES CRUISE AND FISHING CLUB, INC.

Principal Place of Business Mailing Address
7817 GULFWAY HUDSON FL 34667-4004 **7817 GULFWAY HUDSON FL 34667**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1977	3a. Date of Last Report 03/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1727367	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HIMEBAUGH, THOMAS 7335 SOUTHWIND DR. HUDSON FL 34667		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, KAY	1.2 NAME	
STREET ADDRESS	7502 YACHTSMAN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMEBAUGH, THOMAS	2.2 NAME	
STREET ADDRESS	7335 SOUTHWIND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	2.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ERNEST DR.	3.2 NAME	
STREET ADDRESS	7502 YACHTSMAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, FINIS	4.2 NAME	Alves, Nestor
STREET ADDRESS	15615 BERTRAM DR	4.3 STREET ADDRESS	7438 Yachtsman Dr.
CITY-ST-ZIP	HUDSON FL 34667	4.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GAYLA	5.2 NAME	Jennings, Joan
STREET ADDRESS	15541 CENTURY DR.	5.3 STREET ADDRESS	15616 Donzi Drive
CITY-ST-ZIP	HUDSON FL 34667	5.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE	RCD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JACK	6.2 NAME	
STREET ADDRESS	6905 SOUTHWIND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	6.4 CITY-ST-ZIP	

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: Thomas Himebaugh 1-23-97 813-862-4382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)