FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:43

DOCUMENT # **741841** **(1)**

1. Corporation Name
THE PACESETTERS' CLUB, INC.

Principal Place of Business	Mailing Address
1765 S.W. 5TH ST. OCALA FL 32674	1765 S.W. 5TH ST. OCALA FL 32674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1978**
3a. Date of Last Report: **04/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARVIN, RUBY L
1765 S.W. 5TH ST.
OCALA FL 32674

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 *	
TITLE	PD	11 TITLE	☐ Change ☐ Addition PD
NAME	ANDERSON, ARETHA	12 NAME	Anderson Aretha
STREET ADDRESS	2312 S.W. 4TH ST.	13 STREET ADDRESS	2312 S.W. 4th ST.
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, FL
TITLE	VD	21 TITLE	☐ Change ☐ Addition VD
NAME	SMITH, SARAH	22 NAME	Smith, Sarah
STREET ADDRESS	2413 N.W. 20TH ST.	23 STREET ADDRESS	2413 N.W. 20th St.
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, Fl
TITLE	S	31 TITLE	☐ Change ☐ Addition S
NAME	JACKSON, MARY	32 NAME	Jackson, Mary
STREET ADDRESS	2004 S.W. 30TH AVE.	33 STREET ADDRESS	2004 S.W. 30th Ave.
CITY ST ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, Fl
TITLE	TD	41 TITLE	☐ Change ☐ Addition TD
NAME	GARVIN,RUBY	42 NAME	Garvin, Ruby
STREET ADDRESS	1765 S.W. 5TH ST.	43 STREET ADDRESS	1765 S.W. 5th ST.
CITY ST ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ruby R Garvin 3/23/95 (904) 732-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085500