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 # **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

3. Date Incorporated or Qualified: **02/27/1978**

3a. Date of Last Report: **03/27/1995**

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

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 Ruby L Garvin Treasurer 4/1/96
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	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ANDERSON, ARETHA		1.2 NAME	Ann P. Haile	
STREET ADDRESS	2312 S.W. 4TH ST.		1.3 STREET ADDRESS	P.O. Box 367	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Silver Springs, FL 34489	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	SMITH, SARAH		2.2 NAME	Loretta Davis	
STREET ADDRESS	2413 N.W. 20TH ST.		2.3 STREET ADDRESS	12401 N.W. HWY 326	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	S	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	JACKSON, MARY		3.2 NAME	Loretta Jenkins	
STREET ADDRESS	2004 S.W. 30TH AVE.		3.3 STREET ADDRESS	2200 NW 24th ROAD	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, FL 34475	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	GARVIN, RUBY		4.2 NAME	Ruby Garvin	
STREET ADDRESS	1765 S.W. 5TH ST.		4.3 STREET ADDRESS	1765 S.W. 5th STREET	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	300001779748	
STREET ADDRESS			5.3 STREET ADDRESS	-04/15/96--01031--015	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

NA

4-14-96

CR2E037 (12/95)

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)(k), 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 L Garvin 4/1/96 352-237-2147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #