SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 742536**

1. Corporation Name

DELAND FL 32724

THE VICTOR E. CLUB, INC.

Principal Place of Business										
1320 EAST	NEW	YORK	<b>AVENUE</b>							

Mailing Address

1320 EAST NEW YORK AVENUE DELAND FL 32724

## **FILED** Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90001 045 \*\*\*\*61.25

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2. Principal Pl			3. Date Incorporated or Qualifed 04/21/1978								
21		26 Suite Ant # oto		7	4. FEI Number		Appli	ied For			
Suite, Apt. :	F, etc. Suite, Apt. #, etc.		59-2321100		- <del></del>	Applicable					
City & State		City & State	<b>-</b> ·	-	E. Cartiforto of Otatus Decimal		<b>\$8.75</b> Ad	ditional			
23		28			5. Certifcate of Status Desired		Fee Requ	uired			
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 M	lay Be			
24	25	29 30			Trust Fund Contribution	لسا	Added to	Fees			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
	ø		81		ETERSEN, ROBERT		•				
WILSON, I	WILSON, KETTH			82 Street Address (P.O. Box Number is Not Acceptable)							
2465 OXFORD RD											
DELAND FL 32724					W. ORANGE RD						
			84		W. OKANGE RD		85 Zip Co	ode			
				DELA		<u> </u>	327	24			
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	PETERSEN, ROBERT		Rx	best.	Peleiser VI	uh 1 9.	1999				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re		nt signature required		DATE		0.111.40			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		Change	S IN 12 ☐ Addition			
TITLE	TD	<b>⊠</b> DELETE	1.1 TITLE	1 5	D D		A Change	☐ Addicon			
NAME	LLOYD, MARY J		1.2 NAME		PETERSEN, ROBERT	_		i			
STREET ADDRESS	538 W. OHIO AVE.		1.3 STREET	TADDRESS 2	2340 W. ORANGE R	Ď					
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY-S		<u> DELAND, FL 32724</u>		ent ou				
TITLE	PD	💢 DÉLETE	2.1 TITLE		VD		Change	☐ Addition			
NAME	WILSON, KEITH		2.2 NAME	I .	KASE, SUSAN	_		İ			
STREET ADDRESS	2465 OXFORD RD		2.3 STREE	I .	685 CUMBERLAND D						
CITY-ST-ZIP	DELAND FL		2.4 CITY-S		<u>DELAND, FL 32724</u>						
TITLE	\$	<b>⊠</b> DELETE	3.1 TITLE	1 3	5D	•	☐ Chánge	Addition !			
NAME	CASSARLY, CINDY		3.2 NAME		BUSH, LYNN						
STREET ADORESS	513 E. KICKLIGHTER		3.3 STREE	TADDRESS	LO9½ N. STONE ST						
CITY-ST-ZIP	LAKE HELEN FL 32744		3,4, CITY-5	ST-ZIP	DELAND, FL 32720						
TITLE	SD	☐ DELETE	4,1 TITLE		TD		Change	Addition			
NAME	KASE, SUSAN		4. 2 NAME	[	BROWN,FLAVIA			,			
STREET ADDRESS	1126 W MINNESOTA AVE		4.3 STREE		220 M. SAN SOUCI						
CITY-ST-ZIP	DELAND FL		4.4 CITY-S	T-ZIP	DELAND, FL 32720						
TITLE	T	🔀 DELETE	5.1 TITLE		TR ,		Change	Addition			
NAME	COLEMAN, GLENNA		5.2 NAME		NEWMAN, CHARLES						
STREET ADDRESS	2810 ROCHELLE LN		5.3 STREE		101 E. NEW HAMPS	HIRE #	18 F				
CITY-ST-ZIP	DELAND FL 32724		5.4 CITY-S		DELAND, EL 32724						
TITLE	T	☐ DELETE	6.1 TITLE	I	TR		☐ Change	Addition			
NAME	PETERSEN, ROBERT		6.2 NAME	I	SMITH, KEN						
STREET ADDRESS	2340 W. ORANGE RD		6.3 STREE	TARRECCO I	202 LOVELLA CT						
	DELAND FL 32720		6.4 CITY-S	T 710							
14. I hereby d	DELAND FL 32/20 ertify that the information supplied with	this filing does not qualify for th	e exempt	ion stated in S	ection 119.07(3)(i), Florida Statutes.	I further certif	y that the inf	ormation			

indicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE:

KISHUTURKERENGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR