

**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 # **744110** (8)

1. Corporation Name  
**THE SWITZERLAND COMMUNITY CLUB**



Principal Place of Business	Mailing Address
<b>377 HICKORY ACRES LANE</b> <del>P.O. BOX 24049</del> SWITZERLAND FL 32259 US	<b>377 HICKORY ACRES LN</b> <del>P.O. BOX 24049</del> SWITZERLAND FL 32259 US

3. Date Incorporated or Qualified <b>08/30/1978</b>	3a. Date of Last Report <b>02/14/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>377 HICKORY ACRES LN</b>	26 <b>377 HICKORY ACRES LN</b>
Suite, Apt. #, etc. 22 <b>N/A</b>	Suite, Apt. #, etc. 27 <b>N/A</b>
City & State 23 <b>SWITZERLAND FL</b>	City & State 28 <b>SWITZERLAND FL</b>
Zip 24 <b>32259</b>	Country 25 <b>ST. JOHNS</b>
	Zip 29 <b>32259</b>
	Country 30 <b>ST. JOHNS</b>

4. FEI Number <b>59-6617540</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAZZARO, JANICE B.**  
**766 OPOSSUM LANE**  
**SWITZERLAND FL 32259**

10. Name and Address of New Registered Agent

81 Name <b>J. MORTON AKERLEY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>377 HICKORY ACRES LN</b>
83
84 City <b>SWITZERLAND FL</b>
85 Zip Code <b>32259</b>

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 **J. MORTON AKERLEY** *J. Morton Akerley* **2-15-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PURVIS, WILLIAM</b>	
STREET ADDRESS	<b>555 GOLDEN POND RD</b>	
CITY - ST - ZIP	<b>SWITZERLAND FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>STANTON, JAMES</b>	
STREET ADDRESS	<b>3474 SR 13</b>	
CITY - ST - ZIP	<b>SWITZERLAND FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>PURVIS, JACQUELINE</b>	
STREET ADDRESS	<b>555 GOLDEN POND RD</b>	
CITY - ST - ZIP	<b>SWITZERLAND FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, BEN</b>	
STREET ADDRESS	<b>796 OAKVALE RD</b>	
CITY - ST - ZIP	<b>FRUIT COVE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JORDAN, DONALD</b>	
STREET ADDRESS	<b>1931 GROVE BLUFF RD.</b>	
CITY - ST - ZIP	<b>SWITZERLAND FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELLINGS, JEFF</b>	
STREET ADDRESS	<b>869 GROVE BLUFF CIR., NORTH</b>	
CITY - ST - ZIP	<b>SWITZERLAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD WELLINGS, JEFF</b>
2.3 STREET ADDRESS	<b>869 GROVE BLUFF CIR. NORTH</b>
2.4 CITY - ST - ZIP	<b>SWITZERLAND, FL 32259</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD WILLIAMS, LOUANN</b>
3.3 STREET ADDRESS	<b>796 OAK DALE RD</b>
3.4 CITY - ST - ZIP	<b>FRUIT COVE, FL 32259</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TD AKERLEY, J. MORTON</b>
4.3 STREET ADDRESS	<b>377 HICKORY ACRES LN</b>
4.4 CITY - ST - ZIP	<b>SWITZERLAND, FL 32259</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: **J. MORTON AKERLEY** *J. Morton Akerley* **TD 2/15/96** **904-287-1059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)