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

APPROVED AND FILED
[illegible] AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745119 (8)

1. Corporation Name

THE HAGAR VIKING CLUB OF CENTRAL FLORIDA, INCORP ORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3309 MONTEEN DRIVE ORLANDO FL 32806-3674	3309 MONTEEN DRIVE ORLANDO FL 32806-3674

3. Date Incorporated or Qualified: 12/04/1978
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1877109 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GUSTAFSSON, NILS
3309 MONTEEN DR.
ORLANDO 32806

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 [illegible] (If this Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KAALSTAD, OSCAR W.	12 NAME	
STREET ADDRESS	700 WILLOW RUN LN	13 STREET ADDRESS	
CITY ST ZIP	WINTER SPRINGS FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	UHLER, BRUCE	22 NAME	VD Robert Gaarlandt
STREET ADDRESS	372 GOLDSTONE CT	23 STREET ADDRESS	2698 Danielle Dr.
CITY ST ZIP	LAKE MARY FL	24 CITY ST ZIP	Oviedo, Fl
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	EASTROM, CAROLE	32 NAME	SD Schulz, Annagreta
STREET ADDRESS	105 AVALONE DR	33 STREET ADDRESS	520 Beechwood Avenue
CITY ST ZIP	APOPKA FL	34 CITY ST ZIP	Altamonte Springs, fl
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	ASSAR, KIRSTEN	42 NAME	D Frink, Albert
STREET ADDRESS	1725 ALVAREDO COURT	43 STREET ADDRESS	1366 Augusta National Blvd
CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP	Winter Springs, fl
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	FRENCH, GUY	52 NAME	TD French, Svy
STREET ADDRESS	749 BRIGHTVIEW DR	53 STREET ADDRESS	749 Brightview Drive
CITY ST ZIP	LAKE MARY FL	54 CITY ST ZIP	Lake Mary, Fl
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: [signature] OSCAR KAALSTAD 4/26/95 (407) 695-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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