

FILE NOW: FILING FEE IS \$61.25

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90036 049 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745119

1. Corporation Name

THE HAGAR VIKING CLUB OF CENTRAL FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

~~KLINT, HENRY V.
2104 NEW VICTOR RD
OCOE FL 34761
JS~~

~~2104 NEW VICTOR RD.
OCOE FL 34761~~



2. Principal Place of Business

2a. Mailing Address

21 **SPRIMONT, RENEE**

26 **945 LARSON DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **945 LARSON DRIVE**

27

City & State

City & State

23 **ALTAMONTE SPRINGS, FL**

28 **ALTAMONTE SPRINGS, FL**

Zip

Country

Zip

Country

24 **32714**

25 **US**

29 **32714**

30 **US**

3. Date Incorporated or Qualified

12/04/1978

4. FEI Number

59-1877.109

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KLINT, HENRY
2104 NEW VICTOR RD.
OCOE FL 34761~~

81 Name

SPRIMONT, RENEE

82 Street Address (P.O. Box Number is Not Acceptable)

83

945 LARSON DRIVE

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32714

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, am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **KLINT, HENRY**
STREET ADDRESS **2104 NEW VICTOR RD.**
CITY-ST-ZIP **OCOE FL 34761**

1.1 TITLE ☒ Change ☐ Addition

NAME **PD SPRIMONT, RENEE**
STREET ADDRESS **945 LARSON DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☒ DELETE

NAME **VPD: BRODIE, DAVID**
STREET ADDRESS **3930 LAKE MIRA DR**
CITY-ST-ZIP **ORLANDO FL 32817**

2.1 TITLE ☒ Change ☐ Addition

NAME **VPD GUSTAFSSON, NILS**
STREET ADDRESS **3309 MONTEEN DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☒ DELETE

NAME **SD: BRODIE-ECKBERG, ELENITA**
STREET ADDRESS **3930 LAKE MIRA DR**
CITY-ST-ZIP **ORLANDO FL 32817**

3.1 TITLE ☒ Change ☐ Addition

NAME **SD BEAN, GEORGE**
STREET ADDRESS **4078 SUMMERWOOD AVE.**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ DELETE **OK**

NAME **TD EDSTROM, BRITT**
STREET ADDRESS **1830 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE

NAME **ALD KAALSTAD, OSCAR**
STREET ADDRESS **2013 GRAND BROOK CIRCLE, #814 A**
CITY-ST-ZIP **ORLANDO FL 32810**

5.1 TITLE ☒ Change ☐ Addition

NAME **ALD KLINT, HENRY**
STREET ADDRESS **2104 NEW VICTOR RD**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE ☐ DELETE **OK**

NAME **CP JENSEN, ISABELLE**
STREET ADDRESS **1205 ALTON DR**
CITY-ST-ZIP **APOPKA FL 32703**

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-12-99 407-884-9255

CR2E037 (11/98)

0073821