

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748289 (6)
1. Corporation Name
THE REAL MCCOY PLAYERS OF CENTRAL FLORIDA INC

Principal Place of Business

13131 E HWY 316
FT MYERS FL 32134
US

Mailing Address

P. O. BOX 1646
BELLEVUE FL 34421
US



2. Principal Place of Business

2a. Mailing Address

21 13131 E Hwy 316

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 FT McCoy FL

28

Zip

24 32134

Country

Zip

25 MARION

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/31/1979

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3034963

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

10. Name and Address of New Registered Agent

81 Name
William Brown

82 Street Address (P.O. Box Number is Not Acceptable)
24740 N.E. 136th Lane

83

84 City Salt Springs

FL

85 Zip Code
32134

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 *Lillian M. Brown* 8/1/96
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P PHILLIPS, CECILIA A. 12352 S E 89TH TERR BELLEVUE FL ☒ DELETE

VPD SERRACO, SHIRLEY 9701 S E C-25, LOT #180 BELLEVUE FL ☒ DELETE

TD HUSTEA, CHERLY D 5360 S E 22ND PL Ocala FL ☒ DELETE

S LEGER, ELIEN K 9701 S E C-25, LOT #116 BELLEVUE FL ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT (D) ☒ Change ☐ Addition

12 NAME LILLIAN M. BROWN

13 STREET ADDRESS 24740 NE 136TH LANE

14 CITY-ST-ZIP SALT SPRINGS, FL 32134

21 TITLE VPD (D) ☒ Change ☐ Addition

22 NAME LUCILLE BALLENTINE

23 STREET ADDRESS 18451 SE 52ND ST. LOT 20

24 CITY-ST-ZIP OAKLAND, FL 32119

31 TITLE TD (D) ☒ Change ☐ Addition

32 NAME FRANCES A. BENNER

33 STREET ADDRESS 10400 SE CR C-42

34 CITY-ST-ZIP SUMMERFIELD, FL 34491

41 TITLE Cecilia Phillips (D) ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS 12352 S E 89th

44 CITY-ST-ZIP Belleview FL 34420

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS 000001888860

54 CITY-ST-ZIP -07/10/96--01013--003

61 TITLE ***70.00 ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), Florida Statutes, 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:

Lillian M. Brown Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/96 353-685-2443
Date Daytime Phone #

CR2E037 (3/96)