

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 756514 (6)**

1. Corporation Name

**TAVARES BOATING CLUB, INC.**



Principal Place of Business

Mailing Address

C/O PECKHAM, JAMES  
456 KING WAY  
TAVARES FL 32778  
US

C/O PECKHAM, JAMES  
456 KING WAY  
TAVARES FL 32778  
US

3. Date Incorporated or Qualified  
**02/25/1981**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2366949**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PECKHAM, JAMES  
456 KING WAY  
TAVARES FL 32778**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
PECKHAM, JAMES**  
STREET ADDRESS **456 KING WAY**  
CITY-ST-ZIP **TAVARES FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **VD  
ROPER, RALPH**  
STREET ADDRESS **3326 MANATEE ROAD**  
CITY-ST-ZIP **TAVARES FL**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME **SD  
DANWEBBER, ELAINE**  
STREET ADDRESS **11209 FOUNTAIN LAKE BLVD**  
CITY-ST-ZIP **LEESBURG FL**

3.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME **D  
LACKEY, JAMES**  
STREET ADDRESS **324 EAST ROSEWOOD LANE**  
CITY-ST-ZIP **TAVARES FL**

4.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD  
ALFORD, JEWEL**  
STREET ADDRESS **1676 NASSAU CIRCLE**  
CITY-ST-ZIP **TAVARES F**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
SMITH, FRANK**  
STREET ADDRESS **3317 RAINBOW ROAD**  
CITY-ST-ZIP **TAVARES FL**

6.1 TITLE ☐ Change ☐ Addition

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: Willis E. Alford Willis E. ALFORD 3/8/96 352-343-3652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)