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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

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	GAINESVILLE	GOLF	&	COUNTRY	CLUB.	INC.
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City & State City & State City & City & State City & Ci	2. Principal Pla	ce of Business	├-¬ ~								
Added to Fees Zip	Suite, Apt. #	, etc.	—				5. Certificate of Status Desired				
Zp	City & State								· ·		
9. Name and Address of Current Registered Agent JONES, RICHARD T. 912 N.E. 2ND STREET GAINESVILLE FL 32602 82 Street Address (P.O. Box Number is Not Acceptable) 83 Oity FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Plorkia Statutes, the above-named corporation submits this statement for the purpose of changing its 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, Plorkia Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS CHANGES TO OFFICERS IN 12 16. OFFICERS AND DIRECTORS 17. ADDITIONS CHANGES TO OFFICERS IN 12 18. ADDITIONS CHANGES TO OFFICERS IN 12 19. ADDITIONS CHANGES TO OFFICERS IN 12		Country		Cou	intry		8. This corporation has liability for intangible tax				
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JONES, RICHARD T. 912 N.E. 2ND STREET GAINESVILLE FL 32602 11. Furnisum 1 to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing lists registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Sections 617,0502 and 617,1508. Florids Statutes. Signature in directory to both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and an acceptable agent, and acceptabl		9. Name and Address of Curre	nt Registered Agent		01	Mama	10. Name and Address of New Hegistered A	jent			
912 N.E. 2ND STREET GAINESVILLE FL 32602 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statisties, the above-named corporation submits this statement for the purpose of changing its registered office or registered aport, 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, and accept the obligations of, Section 617,0502 and 617,1508. Florida Statisties. SIGNATURE Signatura, speed or protect here of registered agent, and accept the obligations of, Section 617,0503 and the composition's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503 and the composition's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503 and the composition's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503 and the composition's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0502 and					51						
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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 difficer 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 epipointment as registered agent. I am femaliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 14. DIVILIA IN THE PD ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 15. TIME NAME 15. TIME NAME 15. TIME PD ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 16. TIME PD ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 17. TIME PD ADDITIONS O-HANCE TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS O-HANCES TO OFFICERS AND DIRECTORS IN 12					83						
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12.	or registere familiar wit	ed agent, or both, in the State of Flo	rida. Such change was authorize	s, the abo d by the i	ove-r corp	named cor oration's t	rporation submits this statement for the purpose of chan poard of directors. I hereby accept the appointment as re	ging its re gistered a	gistered office agent. I am		
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14. I do hereby certify that the information supplied with this filing is voluntarly 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 record or supplemental annual record is true and accurate and that my signature shall have the same legal effect as if made under	CITY-ST-ZIP 14. I do hereb	y certify that the information supplied	d with this filing is voluntarly furni	shed and	doe	s not qua	lify for the exemption stated in Section 119.07(3)(k), Flori	da Statute	es. I further		

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:

4123/96 Date

@\$2)336-9115 Daytime Prone #