FILE NOW: FILING FEE IS $61.25

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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **756739** **(9)**

1. Corporation Name

GAINESVILLE GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
7300 SW 35TH WAY GAINESVILLE FL 32608	7300 SW 35TH WAY GAINESVILLE FL 32608-5203

3. Date Incorporated or Qualified: **03/10/1981**
3a. Date of Last Report: **04/25/1996**

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

4. FEI Number: **59-0258500** ☐ 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

JONES, RICHARD T.
912 N.E. 2ND STREET
GAINESVILLE FL 32602

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	TIMMONS, DR. JOHN		1.2 NAME	PEARSON, CARROLL	
STREET ADDRESS	6420 NW 9 BLVD		1.3 STREET ADDRESS	11130 N.W. 80 TERR	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	SD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KENDZIOR, RICHARD		2.2 NAME	KENDZIOR, RICHARD	
STREET ADDRESS	1422 NW 110 TERRACE		2.3 STREET ADDRESS	1422 NW 110 TERR	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	TD	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	PEARSON, CARROLL		3.2 NAME	MCCLAVE, MARY JAY	
STREET ADDRESS	11130 NW 80 TERR		3.3 STREET ADDRESS	6120 S.W. 37 WAY	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	VD	☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	MEIER, RICHARD		4.2 NAME	BEECHLER, CHRIS	
STREET ADDRESS	8746 SW 50 ROAD		4.3 STREET ADDRESS	3754 S.W. 56 RD	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Carroll Pearson P.D. **REQUIRED** 2-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date