

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759294 (2)
1. Corporation Name
PRUDENTIAL RECREATION AND ATHLETIC CLUB, INC.



Principal Place of Business Mailing Address
P.O. BOX 4579 P.O. BOX 4579
701 SAN MARCO BLVD. 701 SAN MARCO BLVD.
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 07/23/1981 3a. Date of Last Report 05/01/1995
4. FEI Number 59-6013008 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

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

9. Name and Address of Current Registered Agent

NETTING, WILLIAM, L
12930 LONGVIEW CIRCLE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

B1 Name Treusch, Emma
B2 Street Address (P.O. Box Number is Not Acceptable) 4359 Battle Creek Ct West
B3
B4 City Jackson FL B5 Zip Code 32258

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 Emma Treusch Emma Treusch 5/6/96
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	<input type="checkbox"/> DELETE
PD	WARREN, SHARON	10511 DONIPLAN DR.	JACKSONVILLE FL	<input type="checkbox"/>
DV	THOMAS, CARROSE	2032 ELLENDALE CT.	JACKSONVILLE FL	<input type="checkbox"/>
DV	CLAY, WILHELMINA	6029 BLANK DR. W	JACKSONVILLE FL	<input type="checkbox"/>
SD	SPRAGUE, ROY	12015 COBBLEWOOD LN	JACKSONVILLE FL	<input type="checkbox"/>
DFC	MINKE, TRACY	4263 LOSCO RD. APT. 511	JACKSONVILLE FL	<input type="checkbox"/>
DT	MCNATT, ROSEMARY	434 LAURINA ST.	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Thomas, Carrose	2032 Ellendale Cr	Jacksonville, FL	<input type="checkbox"/>
DV	Clay, Wilhelmina	6029 Blank Dr W	Jacksonville, FL	<input type="checkbox"/>
DV	Foster, Jessica	3436 Lenczyk Dr West	Jacksonville, FL	<input type="checkbox"/>
SD	Raeann-Jones, Rhonda	6511 Lacey Ct	Jacksonville, FL	<input type="checkbox"/>
DFC	Sandifer, Pamela	1000 Boward Rd #905	Jacksonville, FL	<input type="checkbox"/>
DT	Warren, Sharon	14810 Marshland Ct	Jacksonville, FL	<input type="checkbox"/>

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: Carrose Thomas Carrose Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)