

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 23 1997 8:00am  
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1981 3a. Date of Last Report 05/01/1996

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

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  
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREUSCH, EMA  
4359 BATTLE CREEK CT. WEST  
JACKSONVILLE FL 32258

81 Name Adell Jones  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8827 SCARLET OAK CT  
84 City JAX FL 85 Zip Code 32222

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 Adell Jones Adell Jones 9-1-97  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DT	WARREN, SHARON	14810 MARSHLAND CT.	JACKSONVILLE FL				
PD	THOMAS, CARROSE	2032 ELLENDALE CT.	JACKSONVILLE FL				
DV	FIRSTER, JESSICA	3436 LENCZYK DR. W.	JACKSONVILLE FL				
SD	RAWNELL-JONES, RHONDA	8511 LACEY ST.	JACKSONVILLE FL				
DFC	SANDIFER, PAMELA	1000 BOUARD RD. #905	JACKSONVILLE FL				
DV	CLAY, WILHELMINA	6029 BLANK SR. W.	JACKSONVILLE FL				

1071 N. County Rd 315  
Melrose, FL 32666

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 SIGNATURE REQUIRED 9-1-97 904313-397

CR2E037 (4/97)