FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

760207

(1)

S ₁ N ₁ P ₁ C	J. LODGE #778 ATHLETIC	& SOCIAL CLUB INC.		 	
Principal Place	e of Business	Mailing Address			.004
13383 COUNTY LINE ROAD BROOKSVILLE FL 34609 US -		P.O. BOX 5852 SPRING HILL FL 34606 US			
				3. Date Incorporated or Qualified 09/29/1981	3a. Date of Last Report 01/23/1995
2. Principal Pi 	lace of Business	2a. Mailing Address		4. FEI Number 36-3306798	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees
24	25	— <u>—</u>	30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Re	
81 Name (A				John A Gram	Bocs
				Address (P.O. Box Number is Not Acceptable	Θ)
7505 HOLIDAY DR. SPRING HILL FL 34606			83	642 Woodbridg	e br
			<u> </u>	ew Port Richey 1	-
			,	•	FL 85 Zip Code 34655
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 of 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	- HV Kr U U OM 6. Signature, typed or printed name of registered agen		Description		5/28/96
12.	<i></i>	ID DIRECTORS	Registered Agent signature of 13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARFMANN, WALTER		1.2 NAME		
STREET ADDRESS	185 GARLAND CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GLAVAN, JOSEPH		2.2 NAME		
STREET ADDRESS	4378 BISCAYNE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL TD	DELETE	2 4 CITY-ST-ZIP	6.6	
TITLE NAME	LATIN, GEORGE F.	DECETE	31 TITLE 32 NAME	SAN Gombocs	Change Addition
STREET ADDRESS	7505 HOLIDAY DR.		3.3 STREET ADDRESS	John Gombous 8642 Woodbridge	b ^
CITY-ST-ZIP	SPRING HILL FL		3.4. CITY - ST - ZIP	New PORT Richey	F1 34655
TITLE	D	DELETE	4.1 TITLE	A Cab Port Riche	Change Addition
NAME	GROSER, FRANK		4. 2 NAME	Chas. P. SAMSA	
STREET ADDRESS	7321 VIENNA LANE		4.3 STREET ADDRESS	123 DARNell AUC	•
CITY-ST-ZIP	PORT RICHEY FL		4.4 CHTY-ST-ZIP	Spring Hill 71A ?	
TITLE	D	DELETE	5.1 TITLE		
NAME	Luzar, Frank		5.2 NAME	90000177 -04/15/96010	.コ ンニコ 23822
STREET ADDRESS	8508 HUNTSMAN LANE		5 3 STREET ADDRESS	***61.25	OLL
CITY-ST-ZIP	PT RICHEY FL		5.4 CITY - ST - ZIP		
TITLE	D DOING CDANK	DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BOUMA, FRANK		6.2 NAME		7,7.14
STREET ADDRESS	6506 MAYHILL COURT		6.3 STREET ADDRESS		4
CITY-ST-ZIP	SPRING HILL FL ov certify that the information supplied	with this films is voluntarily furnishe	6.4 CITY - ST - ZIP	lify for the exemption stated in Section 119.0	7/OVIA Florido Statutas I further

4. 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