FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765111 (0)

1. Corporation Name

THE FAMILY REUNION CLUB, INC.

Principal Place of Business	Mailing Address
1713 JULIA ST. AMERICAN BEACH FL 32034 US	1713 JULIA ST. AMERICAN BEACH FL 32034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GADSON,ROSELLA J. ~~RT 1 BOX 82~~ FERNANDINA BEACH FL 32304	81 Name: ROSELLA GADSON 82 Street Address (P.O. Box Number is Not Acceptable) 83: 1713 JULIA ST 84 City: FERNANDINA BCH FL 85 Zip Code: 32034

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	SD	11 TITLE	☐ Change ☐ Addition
NAME	GADSON,ROSELLA J.	12 NAME	
STREET ADDRESS	RT 1 BOX 84-F	13 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MEITON, SAMUEL	22 NAME	
STREET ADDRESS	RT 1 BOX 82-B4	23 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, WILLIE N	32 NAME	
STREET ADDRESS	NORTH 15TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, FRANCIS	42 NAME	
STREET ADDRESS	RT 3 BOX BOX 274	43 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	WAY, ELIPHIS JEROME	52 NAME	
STREET ADDRESS	604 JULIA STREET	53 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, CARL	62 NAME	
STREET ADDRESS	OLD HARTS ROAD APT 1108	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

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: Rosella Gadson ROSELLA GADSON SD April 4, 1995 904-261-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

681B34