

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # N01026 (6)

1. Corporation Name

CAVALETTES SOCIAL CLUB, INC.

Principal Place of Business

185 SCOTT ST.
MONTICELLO FL 32344

Mailing Address

185 SCOTT ST.
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1984

3a. Date of Last Report

04/28/1994

4. FBI Number

59-2802200

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. 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

BAILEY, CATHERINE
185 SCOTT DR
MONTICELLO FL 32334

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 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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MILES, BLANDY
STREET ADDRESS	PO BOX 392, NA
CITY - ST - ZIP	MONTICELLO FL
TITLE	V
NAME	TILLMAN, DORIS
STREET ADDRESS	1140 SAGE ST.
CITY - ST - ZIP	MONTICELLO FL
TITLE	TD
NAME	HALL, MARTHA
STREET ADDRESS	670 E. POPLAR ST.
CITY - ST - ZIP	MONTICELLO FL
TITLE	D
NAME	SLOAN, BEATRICE
STREET ADDRESS	PO BOX 403, NA
CITY - ST - ZIP	MONTICELLO FL
TITLE	SD
NAME	BAILEY, CATHERINE S.
STREET ADDRESS	185 SCOTT DR
CITY - ST - ZIP	MONTICELLO FL
TITLE	FS
NAME	THOMPSON, CELIA M(FIN.S)
STREET ADDRESS	RT 4, BOX 222
CITY - ST - ZIP	MONTICELLO FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 of this report, or on an attachment with an address.

SIGNATURE:

Blandy Miles

Blandy Miles 2/17/95 904-997-2381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)