SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N02475 **(4)**

1. Corporation Name
JACKSONVILLE SKI CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 875 JACKSONVILLE FL 32201	P.O. BOX 875 JACKSONVILLE FL 32201

3. Date Incorporated or Qualified: 04/11/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3308912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [XX] **$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 [X] No

9. Name and Address of Current Registered Agent

CHANCEY, BETH
11418 DRAKEWOOD CT
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: Smith, Raymond H.
82 Street Address (P.O. Box Number is Not Acceptable): 5666 Flagstaff Rd.
83
84 City: Jaxksonville **FL** 85 Zip Code: 32207

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 _____ Raymond H. Smith, Treasurer/Director June 12, 1996
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	PD	☐ DELETE	1.1 TITLE	Director	[XX] Change ☐ Addition
NAME	CHANCEY, BETH		1.2 NAME	Chancey, Beth	
STREET ADDRESS	11418 DRAKEWOOD CT		1.3 STREET ADDRESS	11418 Drakewood Ct.	
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	VD	☐ DELETE	2.1 TITLE	President/Director	[XX] Change ☐ Addition
NAME	DAVIS, HAL		2.2 NAME	Davis,Hal	
STREET ADDRESS	2223 HERSCHEL STREET		2.3 STREET ADDRESS	2223 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE FL 32204		2.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	TD	[XX] DELETE	3.1 TITLE	Treasurer/Director	☐ Change [XX] Addition
NAME	RICHARDSON, DEBORAH		3.2 NAME	Smith, Raymond H.	
STREET ADDRESS	4302 PLAZA GATE LN. #202		3.3 STREET ADDRESS	5666 Flagstaff Road	
CITY-ST-ZIP	JACKSONVILLE FL 32217		3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	[XX] DELETE	4.1 TITLE	Secretary/Director	☐ Change [XX] Addition
NAME	ALEXANDER, CHARLENE		4.2 NAME	Willmore, Nancy	
STREET ADDRESS	1236 EUTAW PLACE		4.3 STREET ADDRESS	1842 Bolton Abbey Lane	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	VD	[XX] DELETE	5.1 TITLE	Vice President/Director	☐ Change [XX] Addition
NAME	PULLO, LARRY		5.2 NAME	Lee, Ann	
STREET ADDRESS	P.O. BOX 974 N/A		5.3 STREET ADDRESS	706 Cedar Court	
CITY-ST-ZIP	JACKSONVILLE FL 32201		5.4 CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE	SD	☐ DELETE	6.1 TITLE	Vice President/Director	[XX] Change ☐ Addition
NAME	MARISON, KATHY		6.2 NAME	Marison, Kathy	
STREET ADDRESS	1784 BARLETT AVE.		6.3 STREET ADDRESS	1784 Bartlett Avenue	
CITY-ST-ZIP	ORANGE PARK FL 32073		6.4 CITY-ST-ZIP	Orange Park, FL 32073	

CR2E037 (3/96)

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: _____ June 12, 1996 (904)358-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Raymond H. Smith, Treasurer/Director