

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02948 (0)

1. Corporation Name

10-13 CLUB OF NORTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

260 WILLIAMSON BLVD
P O BOX 730161
ORMOND BCH. FL 32173-0616
US

260 WILLIAMSON BLVD
P O BOX 730161
ORMOND BCH. FL 32173-0161
US

3. Date Incorporated or Qualified 05/08/1984	3a. Date of Last Report 03/03/1995
4. FLI Number 59-2826181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**HOLLYWOOD, JAMES J
35 SPANISH OAK LANE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

Signature, typed or printed name of registered agent and the filer (if other)

(NOTE: Registered Agent's signature and request when registering)

Vyto Atkatch
TREASURER
3/7/96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLIVERTY, WILLIAM	
STREET ADDRESS	1 FAITH LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINCKE, BERNARD	
STREET ADDRESS	6180 S.R. 11	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLYWOOD, JAMES	
STREET ADDRESS	35 SPANISH OAK LN.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLEASON, AL	
STREET ADDRESS	27 WEIDNER PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ATKATSH, VYTO		
1.3 STREET ADDRESS	25 FARRADAY LANE		
1.4 CITY-ST-ZIP	PALM COAST, FL 32137		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 if changed, or on an attachment with an address.

SIGNATURE:

James J. Hollywood
JAMES J. HOLLYWOOD

3/6/96

904-672-2318

CR2E037 (12/95)