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NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N12735   (9)
1. Corporation Name

EUSTIS ALL STATES' CLUB, INC.

Principal Place of Business

301 WEST WARD
EUSTIS FL 32726-4033

Mailing Address

304
~~205~~ SHARPS CIRCLE
EUSTIS FL 32726-4040
US

3. Date Incorporated or Qualified **12/23/1985**	3a. Date of Last Report **04/10/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2669967**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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
BRINGMAN, SARAH 204 SHARP'S CIR EUSTIS FL 32726	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 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 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 **P** ☐ DELETE NAME **DENIES, CHARLES** STREET ADDRESS **605 N. HAWLEY** CITY-ST-ZIP **EUSTIS FL**		1.1 TITLE **D** *Pres.* 1.2 NAME *HOVEY, ILENE* 1.3 STREET ADDRESS *58 SHARPS CIR.* 1.4 CITY-ST-ZIP *EUSTIS FL 32726*	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **HOVEY, ILENE** STREET ADDRESS **58 SHARP CIRCLE** CITY-ST-ZIP **EUSTIS FL**		2.1 TITLE *Treasurer* 2.2 NAME *SARAH D BRINGMAN* 2.3 STREET ADDRESS *204 SHARPS CIR.* 2.4 CITY-ST-ZIP *EUSTIS FL 32726*	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **DEERING, CHESTER** STREET ADDRESS **1559 LAKE SHORE DR.** CITY-ST-ZIP **EUSTIS FL**		3.1 TITLE **D** *MARY ELLEN FOOTE* 3.2 NAME *736 KING ST* 3.3 STREET ADDRESS *EUSTIS FL 32726* 3.4 CITY-ST-ZIP	☐ Change ☑ Addition
TITLE **D** ☐ DELETE NAME **EMRICH, JACOB** STREET ADDRESS **27 SHARP CIRCLE** CITY-ST-ZIP **EUSTIS FL**		4.1 TITLE **D** *JACOB EMRICH* 4.2 NAME *27 SHARP CIR.* 4.3 STREET ADDRESS *EUSTIS FL 32726* 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **P** ☐ DELETE NAME **HOVEY, ILENE** STREET ADDRESS **58 SHARP CIR** CITY-ST-ZIP **EUSTIS FL**		5.1 TITLE **D** *CHESTER DEERING* 5.2 NAME *1559 LAKE SHORE DR.* 5.3 STREET ADDRESS *EUSTIS FL 32726* 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **DENIES, CHARLES** STREET ADDRESS **605 N HAWLEY ST** CITY-ST-ZIP **EUSTIS FL**		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sarah D. Bringman*   *1/10/97*   *352-357-3763*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (9/96)