FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF C				
DOCUN 1. Corporation	MENT # N1330	5 (0)				
NAS KE	Y WEST SKEET CLUB, IN	C.		4 186/1161 451 11444 11154 11161 46141	de dem debet dedet bedat debet debet åtdet 1881	
Principal Place of Business Mailing Address					ir Sim didir didir didir Trasi Arasi alasi 4501	
KEYWEST SKEET CLUB BOCA ALLICA KEY		2108 HARRIS AVE 2108 HARRIS AVE		•		
KEY WEST FL 33040 US		KEY WEST FL 33040 US		Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pla	and Discourse	2a. Mailing Address		02/05/1986 4. FEI Number	07/13/1995 Applied For	
2. Pandipai eta 21	ace of business	26 2934	RIVIERA DA	NOT APPLICABLE	Not Applicable	
Suite, Apt. #	#, et c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State	- 51	6. Election Campaign Financing	\$5.00 May Be	
23 7io	Country	28 Key West	Country	Trust Fund Contribution 8. This corporation has hability for	Added to Fees	
Zip 24	25	29 33040	30 MONRUE	Florida Statutes	☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
				ess (P.O. Box Number is Not Accepta	ole)	
2108 HARRIS AVE			83			
P.O. BOX 596						
KEY WEST FL 33040			84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617.050 agent, or both, in the State of Flor	2 and 617.1508, Florida Statutes ida. Such change was authorized	, the above-named corporal by the corporation's board	ation submits this statement for the pu d of directors. I hereby accept the app	irpose of changing its registered office pointment as registered agent. I am	
familiar wit	th, and accept the abligations of, Sec	tion 617.0503, Florida Statutes.	// · \ \ .	my Torago	en 8/4/4c	
			Registered Agent signature/required		DATE	
12.	PD (OFFICERS AN	ID DIRECTORS	13. / { 1.1 TITLE	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12 Change Addition	
NAME	TAYLOR, JEFF		1.2 NAME			
STREET ADDRESS	BOX 9031		1 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	KEY WEST FL VD	DELETE	1.4 CITY - ST - ZIP 2.1 ITLE		☐ Change ☐ Addition	
NAME	PRICE, TOM		2.2 AME			
STREET ADDRESS	RT. 2, BOX 663-B		2 3 TREET ADDRESS			
CITY-ST-ZIP TITLE	SUMMERLAND KEY FL S	DELETE	2 + 17Y-ST-ZIP 3 1 LE		Change Addition	
NAME	YONGUE, LISA		3.2 ME			
STREET ADDRESS	2108 HARRIS AVE		3 EET ADDRESS			
CITY-ST-ZIP TITLE	KEY WEST FL TD	DELETE	3 Y-ST-ZIP 4 F		☐ Change ☐ Addition	
NAME	YONGUE, JOHNNIE, W		d γε			
STREET ADDRESS	2108 HARRIS AVE		4 EET ADORESS			
CITY-ST-ZIP TITLE	KEY WEST FL	DELETE	4.		☐ Change ☐ Addition	
NAME			52 ME			
STREET ADDRESS			5.3 HEET ADDRESS			
CITY-ST-Z-P		DELETE	5.4 TY-ST-ZIP 6.1 MILE		Change Addition	
NAMÉ		Пресете	6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZiP	ou partiful that the information assets	Swith this films is valuated to the	6.4 CITY-ST-ZIP	or the exemption stated in Section 119	9.07/3\/k) Florida Statutes I further	
Certify that	t the information indicated on this arr	hual report or supplemental annua	al report is true and accurat	te and that my signature shall have the report as required by Chapter 617, F	e same legal effect as if made under	
appears in	n Block 12 or Block 13 if changed, or	on an attachment with an addre	SS.	_/	1	
SIGNAT	rure:	. Yu Gue	<u> </u>	5/4	196305294	
3.3.77	SIGNATURE AND TYPED	OR PRINTED NAME OF SUNING OFFICER	OR DIRECTOR	Dark /	Daytime Phone #	