


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15296** (9)

1. Corporation Name

MCC SKI INSTRUCTION, INC.

Principal Place of Business

Mailing Address

% EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217

% EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

06/09/1986

4. FEI Number

59-0999920

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBRIGHT, EDWIN W. JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217

81 Name

Michael E. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

1937 University Blvd. W.

83

Jacksonville, FL 32217

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]

3/11/98

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 **D** ☐ DELETE
NAME **HOLMAN, MARTHA**
STREET ADDRESS **1637 BEACH AVENUE**
CITY-ST-ZIP **ATLANTIC BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **VANDENBERG, ANN**
STREET ADDRESS **173 BARBERRY LANE**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **ALBRIGHT, EDWIN W JR.**
STREET ADDRESS **1937 UNIVERSITY BLVD W**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Booher, David**
3.4 CITY-ST-ZIP **4304 Sherwood Road**

TITLE **D** ☐ DELETE
NAME **COOKE, HAMILTON**
STREET ADDRESS **2254 RIVERPLACE TOWER**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DPT** ☐ DELETE
NAME **IRWIN, JAMES A.**
STREET ADDRESS **1925 WOODLEIGH DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DORNBLASER, STUART**
STREET ADDRESS **2801 S PONTE VEDRA BLVD**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

[Signature]

3-11-98

Date

Daytime Phone # 00000000

CR2E037 (10/97)