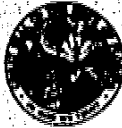


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N18625 (6)

1. Corporation Name

REBOS CLUB OF NEW SMYRNA BEACH, INC.

Principal Place of Business

Mailing Address

**2120 S. RIDGEWOOD AVE.
#8
EDGEWATER FL 32132-1806
US**

**PO BOX 1808
NEW SMYRNA BEACH FL 32170
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1987

3a. Date of Last Report
03/07/1994

4. FEI Number
59-2914039

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FROST, LEN
1202 HEMLOCK ST
NEW SMYRNA BEACH FL 32169**

81 Name
DAVE ARMSTRONG

82 Street Address (P.O. Box Number is Not Acceptable)
298 H. H. BURCH ROAD

83

84 City **Oak Hill,** **FL** 85 Zip Code **32759**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **DAVE ARMSTRONG CHAIRMAN**

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered agent signature required when reinstating.

APRIL 20, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	VALLOR, THOMAS
STREET ADDRESS	316 S. RIDGEWOOD #5
CITY - ST - ZIP	EDGEWATER FL
TITLE	SD
NAME	VALLOR, MICHELLE
STREET ADDRESS	316 S. RIDGEWOOD #5
CITY - ST - ZIP	EDGEWATER FL
TITLE	TD
NAME	HENDRY, WILLIAM
STREET ADDRESS	84 CUNNINGHAM DR
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	D
NAME	MASSIE, JOSEPH
STREET ADDRESS	1848 SABLE PALM DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	D
NAME	FROST, LEN
STREET ADDRESS	1202 HEMLOCK ST
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	CD	☒ Change ☐ Addition
1.2 NAME	DAVE ARMSTRONG	
1.3 STREET ADDRESS	298 H. H. BURCH ROAD	
1.4 CITY - ST - ZIP	OAK HILL, FL 32759	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	COONTS, MARY K.	
3.3 STREET ADDRESS	235 MEADOW LAKE DRIVE	
3.4 CITY - ST - ZIP	EDGEWATER, FL 32141	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	VALLOR, THOMAS	
4.3 STREET ADDRESS	316 S. RIDGEWOOD #5	
4.4 CITY - ST - ZIP	EDGEWATER, FL	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	WILLIAM THORNTON	
5.3 STREET ADDRESS	307 SEA HAWK COURT	
5.4 CITY - ST - ZIP	EDGEWATER, FL	
6.1 TITLE		☐ Change ☐ Addition
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: **MARY K. COONTS TD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/95

Date

407-861-7080

Telephone Number