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FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32132-1936
USPO BOX 1608
NEW SMYRNA BEACH FL 32170-1608
US3. Date Incorporated or Qualified
01/06/19873a. Date of Last Report
02/28/1996

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

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2914039

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

ARMSTRONG, DAVE
298 H.H. BURCH RD.
OAK HILL FL 32759

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 CD ☐ DELETENAME ARMSTRONG, DAVE
STREET ADDRESS 298 H.H. BURCH RD.
CITY - ST - ZIP OAK HILL FL1.1 TITLE ☐ Change ☐ AdditionTITLE SD ☐ DELETENAME VALLOR, MICHELLE
STREET ADDRESS 316 S. RIDGEWOOD #5
CITY - ST - ZIP EDGEWATER FL1.2 NAME ☐ Change ☐ AdditionTITLE TD ☒ DELETENAME COONTS, MARY K.
STREET ADDRESS 235 MEADOW LAKE DR.
CITY - ST - ZIP EDGEWATER FL1.3 STREET ADDRESS ☐ Change ☒ AdditionTITLE D ☐ DELETENAME VALLOR, THOMAS
STREET ADDRESS 316 S. RIDGEWOOD #5
CITY - ST - ZIP EDGEWATER FL1.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETENAME THORNTON, WILLIAM
STREET ADDRESS 307 SEA HAWK COURT
CITY - ST - ZIP EDGEWATER FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP2.2 NAME ☐ Change ☐ Addition1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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:

Thomas L. Carlisle, Thomas L. Carlisle 1/7/97 904 427 7414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0003256

CR2E037 (9/96)