

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N19220 (5)**

1. Corporation Name

**THE EXCHANGE CLUB OF NICEVILLE, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**2427 ROCKY SHORES DR.  
P.O. BOX 342  
NICEVILLE FL 32578**

**2427 ROCKY SHORES DR.  
P.O. BOX 342  
NICEVILLE FL 32578**

3. Date Incorporated or Qualified **02/12/1987** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2736560		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, MARSHA C.  
2427 ROCKY SHORES DR.  
NICEVILLE FL 32578**

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	PD	1.1 TITLE	PD
NAME	BOND, SANDRA B	1.2 NAME	Moomaw, William
STREET ADDRESS	2710 EDGEWATER DR.	1.3 STREET ADDRESS	120 W Hampton Ct.
CITY - ST - ZIP	NICEVILLE FL	1.4 CITY - ST - ZIP	Niceville, FL 32578
TITLE	VD	2.1 TITLE	VD
NAME	MOOMAW, WILLIAM E.	2.2 NAME	Turley, Donna
STREET ADDRESS	120 W. HAMPTON CT.	2.3 STREET ADDRESS	4230 Marysa Dr.
CITY - ST - ZIP	NICEVILLE FL	2.4 CITY - ST - ZIP	Niceville, FL 32578
TITLE	SD	3.1 TITLE	SD
NAME	COUGHLIN, MARGARET	3.2 NAME	Kalstrom, Esther
STREET ADDRESS	108 21ST ST.	3.3 STREET ADDRESS	900 Bay Dr. #30
CITY - ST - ZIP	NICEVILLE FL	3.4 CITY - ST - ZIP	Niceville, FL 32578
TITLE	TD	4.1 TITLE	
NAME	MILLER, DOROTHY J.	4.2 NAME	
STREET ADDRESS	1417 BAYSHORE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	WOLFF, JAMES	5.2 NAME	
STREET ADDRESS	409 BAYWOOD DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	5.4 CITY - ST - ZIP	
TITLE	VMD	6.1 TITLE	
NAME	BOND, ROBERT	6.2 NAME	
STREET ADDRESS	2710 EDGEWATER DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	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: Dorothy J. Miller Dorothy J. Miller, Treas. 904-678-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)