רוב אטאַ: רוַבוּמט רבב וס \$61.25 · ----

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
Division OF CORPORATIONS

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ļ	DO	CUM	ENT	#	N <sub>1</sub>	19	22	0

1. Corporation Name

THE EXCHANGE CLUB OF NICEVILLE, FLORIDA, INC.

Principal Place of Business 2427 ROCKY SHORES DR. P.O. 80X 342 NICEVILLE FL 32578

2. Principal Place of Business

21 1417 BAYSHORK PR.

Malling Address

P O BOX 342 NICEVILLE FL 32578 US

Za. Mailing Address

## FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90063 003 \*\*\*\*61.25

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3.	Date Incorporated or Qualifed		

02/12/1987

Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.		4. FEI Number 59-2736560			died For		
	.,	27				_	No	Applicable	
22   27   City & State   City & State						Destruct III	\$8.75 A	88.75 Additional	
					5. Certifcate of Status	Desired 🗀	Fee Re	duired	
23 NICEVILLE, FU 28				y	6. Election Campaign	Financing :	\$5.00	May Bo	
					Trust Fund Contrib		Added to	Fees	
24 3/5/	9. Name and Address of Current		7		10. Name and Addres	is of New Registered	Agent		
	o. Halife Sina Address of Contain		8	1 Name			A		
	Assessed Assessed		L	81 Name Joseph March JOHN C. KINC					
	, MARSHA C. OCCUPA	<del>mate</del> r	8	2 Street A	ddress (P.O. Box Number is	Not Acceptable) <i>"切り アルドモ /</i>	MOINT B		
2427 ROC	CKY SHORES DR. A		۱.	83				· —	
NICEVILLE	FL 32578		l°	3					
			8	4 Chy		Fi	85 Zip C	ode	
				1 /	VICEVILLE	FL	- 100	578	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the abo	ve-named c	corporation submits this staten	nent for the purpose of	changing its	registered ristered	
office or re	to the provisions of Sections 617.0507 egistered agent, or both, in the State on In familiar with, and accept the obligat	of Florida. Such change was au tions of Section 617,0503. Flori	thorized b da Statule	y the compoi is.	ration a board of directors. I fil			,	
ļ.	/ 9 /	King				نر <sub>ه</sub> جنو	3-99		
SIGNATURE	Signature, typed oits their name of registered agent		Registered Ac	ent signature re	oquired when reinstating)	DATE	<del></del>		
12.		D DIRECTORS	13.		ADDITIONS/CHANG	SES TO OFFICERS A	ND DIRECTO	RS IN 12	
TIBLE	PD	<b>Ø</b> DELETE	1,1 TITLE		PO		Change	Addition	
NAME	TURLEY, DONNA	,	1.2 NAM	.		l	_		
	4230 MARYSA DRIVE		/	ET ADDRESS	DOROTHY MILLE !	Sk			
STREET ADDRESS					NICEVILLE, FL	52678			
CITY-ST-ZIP	NICEVILLE FL	☐ DELETE	1.4 CITY-	<del></del>	NICE INCE !		Change	Addition	
TITLE	SD	[_] DELETE	2.1 TITLE						
NAME	goedker, kevin		22 NAM	• ]			•		
STREET ADDRESS	1006 PINE LAKE DR		2.3 STRE	ET ADDRESS					
C/TY-ST-Z/P	NICEVILLE FL		2.4 CITY	-ST-ZIP				F 1 4 4 1 1 1 1	
TITLE	TD	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	KING, JOHN C		3.2 NAM	.			•		
STREET ADDRESS	400 TIGER POINT		3.3 STRE	ET ADDRESS			•		
.CITY-ST-ZIP	NICEVILLE FL		3.4. CFTY	.sr-zae					
ITILE	THOUTHER I'S	☐ DELETE	4.1 TITLE	<del></del>			— Change –	(E) Addition	
NAME			4, 2 NAM	E	_				
1 1				ET ADDRESS					
STREET ADDRESS			4.4 CITY						
CITY-ST-ZIP		() DELETE	_				Change	☐ Addition	
TITLE		(7) nerete	5.3 TITLE 5.2 NAM	i i					
NAME									
STREET ADDRESS				ETADORESS					
CITY-ST-ZIP			5.4 CITY		<u> </u>			T Addition	
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 HAMI	!					
STREET ADDRESS			6.3.5TRE	ET ADDRESS					
i I			6.4 CITY	ST-ZIP					
CITY-ST-ZF	l				L. ON 440 DT/DVO Florid		etifu that the le	<u> </u>	

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 eath; 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 eddress, with all other like empowered.

SIGNATURE

LANGUETING REQUIRED

1/25/99

850 678 412L

Daytime Phone #