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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24162 (2)

1. Corporation Name

BUSHNELL SOCIAL CLUB INC.



Principal Place of Business

Mailing Address

P O BOX 757
P.O. BOX 517
BUSHNELL FL 33513
USP O BOX 757
BUSHNELL FL 33513-0757
US3. Date Incorporated or Qualified
12/30/19873a. Date of Last Report
07/29/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWEETAPPLE, LEWIS
CR 543B (JANWAY ROAD)
SUMTERVILLE FL 33585

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	P	<input checked="" type="checkbox"/> DELETE
NAME	RUSHING, JAMES J	
STREET ADDRESS	4900 SW 123RD RD	
CITY-ST-ZIP	WEBSTER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLACKWELL, JANE	
STREET ADDRESS	PO BOX 868 N/A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, MALCOLM	
STREET ADDRESS	309 N. HIGHLAND ST.	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, DAVID	
STREET ADDRESS	PO BOX 517 N/A	
CITY-ST-ZIP	CENTER HILL FL 33514	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, FLORENCE	
STREET ADDRESS	221 S YORK ST	
CITY-ST-ZIP	BUSHNELL F	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWEETAPPLE, IRENE	
STREET ADDRESS	CR 543B (JANWAY RD)	
CITY-ST-ZIP	SUMTERVILLE FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREENE, DAVID	
1.3 STREET ADDRESS	81 N. Magnolia Ave	
1.4 CITY-ST-ZIP	Center Hill, FL 33514	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, DALE B.	
2.3 STREET ADDRESS	1336 C.R. 459 Lot #30	
2.4 CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
3.1 TITLE	Eugene Files	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	33284 Cortez Blvd.	
3.3 STREET ADDRESS	Dade City, FL 33523	
3.4 CITY-ST-ZIP		
4.1 TITLE	D Rushing, James J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4900 SW 123rd Rd.	
4.3 STREET ADDRESS	Webster, FL 33598	
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, BARBARA J.	
5.3 STREET ADDRESS	1336 C.R. 459 Lot #30	
5.4 CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HARTSHORN, MARION E.	
6.3 STREET ADDRESS	P.O. Box 517 81 N. Magnolia	
6.4 CITY-ST-ZIP	Center Hill, FL 33514-0517	

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:

Barbara J. Smith, Sec.

30 JAN 97 352-7570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045523

CR2E037 (9/96)