

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 # N28160

(2)

1. Corporation Name

OLIN ACTIVITIES CLUB, INC.



Principal Place of Business

Mailing Address

INT. OF US 98 AND SR 363  
P.O. BOX 222  
ST. MARKS FL 32355

INT. OF US 98 AND SR 363  
P.O. BOX 222  
ST. MARKS FL 32355

3. Date Incorporated or Qualified

09/01/1988

3a. Date of Last Report

02/07/1995

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

59-2883420

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

8. 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

BLACK, LYNN E.  
S.R. 363 AND U.S. 98  
ST. MARKS FL 32355

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TOMLINSON, DEBRA  
RT 4 BOX 6888 N/A  
CRAWFORDVILLE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KIRKLAND, MARK  
2907 CROSS CREEK CIRCLE  
TALLAHASSEE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
FAINTICH, STEVE  
397 MEADOW RIDGE  
TALLAHASSEE, FL 32312

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YOUNGSTRAND, JACKI  
RT. 4, BOX 6172  
CRAWFORDVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARD, NORMAN  
ROUTE 4, BOX 6834  
CRAWFORDVILLE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEDIG, CARL  
2517 BLUEBELL PLACE  
TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WARREN, DARREN  
2611 GREEN CROSSING DRIVE  
TALLAHASSEE 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:

*Jacqueline Youngstrand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jacqueline Youngstrand

1/29/96 (904) 925-2801  
Date Daytime Phone #

CR2E037 (12/95)