

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N28160** (2)

1. Corporation Name

~~OLIN ACTIVITIES CLUB, INC.~~
EMPLOYEE ACTIVITIES CLUB, INC.

n/c 12-20-96



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 32355-0222

3. Date Incorporated or Qualified
09/01/1988

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. 383 AND U.S. 98
ST. MARKS FL 32355**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7197 COASTAL HIGHWAY

83

84 City
CRAWFORDVILLE

FL

85 Zip Code
32327

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 **D** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FAINTICH, STEVE**
STREET ADDRESS **397 MEADOW RIDGE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **WARREN, DARREN**
STREET ADDRESS **2611 GREEN CROSSING DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

2.2 NAME ☐ Change ☐ Addition

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Jacqueline Youngstrand
Jacqueline Youngstrand, Secretary

3-17-97

(904) 577-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008311

CR2E037 (9/96)