


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32110					
1. Corporation Name CFCC TIGER BAY CLUB, INC.					
Principal Place of Business 3001 S.W. COLLEGE ROAD OCALA FL 34474			Mailing Address 3001 S.W. COLLEGE ROAD OCALA FL 34474		

DU/303 - 90006 - 46



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 same		26 P. O. Box 1388		05/04/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2956843	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Ocala, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 34471		30 Marion	
Country		Country			
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEIN, HARVEY R 333 NW 3 AVE OCALA FL 34475				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		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUCHANAN, BOB			1.2 NAME	Marjorie Renfro		
STREET ADDRESS	2100 SE 17TH ST			1.3 STREET ADDRESS	4566 SE Second Place		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	Ocala, FL 34471		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLEIN, HARVEY R.			2.2 NAME	James Kirk		
STREET ADDRESS	333 NW 3RD AVE			2.3 STREET ADDRESS	1137 SE 7 Street		
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP	Ocala, Florida 34471		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNT, DON D			3.2 NAME			
STREET ADDRESS	P O BOX 1388 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEAVER, TOM D			4.2 NAME	Olsen, Dr. Scott		
STREET ADDRESS	P O BOX 1388 N/A			4.3 STREET ADDRESS	3001 SW College Road		
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP	Ocala, Florida 34474		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WIEDEMER, LISA			5.2 NAME	Al Cone		
STREET ADDRESS	P O BOX 1388 N/A			5.3 STREET ADDRESS	125 NE First Avenue		
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP	Ocala, Florida 34470		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILGORE, TRISH			6.2 NAME			
STREET ADDRESS	949 SE 10 LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

Marjorie Renfro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)