


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N41345** (2)

1. Corporation Name

DYNASTY SOCIAL CLUB, INC.



| | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 9909 HILLVIEW ROAD PENSACOLA FL 32514 | Mailing Address 9909 HILLVIEW ROAD PENSACOLA FL 32514 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

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|------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified 12/19/1990 |
| 4. FEI Number 59-3042941 |
| Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---------------------------------------------------------------------------|-----------|
| 9. Name and Address of Current Registered Agent | |
| LEWIS, JOSEPH E. 9909 HILLVIEW RD. PENSACOLA FL 32514-5702 | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

| | |
|----------------------------------------------|--|
| 10. Name and Address of New Registered Agent | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, JOSEPH E. | 1.2 NAME | |
| STREET ADDRESS | 9909 HILLVIEW RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, BRIAN E. | 2.2 NAME | |
| STREET ADDRESS | 10938 MAJURO DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, JACENTA M. | 3.2 NAME | |
| STREET ADDRESS | 7213 WILLOWSIDE CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIVINS, JANICE O. | 4.2 NAME | |
| STREET ADDRESS | 6099 HILBURN RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, PAMELA J. | 5.2 NAME | |
| STREET ADDRESS | 6099 HILBURN RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | |
| TITLE | VM | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, GREGORY C. | 6.2 NAME | |
| STREET ADDRESS | 9150 BOWMAN DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA 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.

SIGNATURE: _____ 5/26/98 850-478-2571

CR2E037 (10/97)