


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43034** (0)

1. Corporation Name

THE TAYLOR CREEK BASS CLUB, INC.

Principal Place of Business P.O. BOX 3179 OKEECHOBEE FL 34973	Mailing Address P.O. BOX 3179 OKEECHOBEE FL 34973-3179
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3. Date Incorporated or Qualified 04/15/1991	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0274698	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent POSTELL, RICHARD 9 CYPRESS ST. BHR B.H.R. OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent 81 Name David Mullins 82 Street Address (P.O. Box Number is Not Acceptable) 614 SE 8th Ave 83 Okeechobee, Fl. 34974 84 City FL 85 Zip Code

I, 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: **DAVID MULLINS** *David Mullins* **2-27-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE PIPPIN, JIM 1245 SW 19TH TERRACE OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE CONWAY, WILLIAM 87 - 13TH STREET OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE POSTELL, RICHARD 9 CYPRESS ST BHR OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE WILLIAM, MORGAN 7 6TH STR, BHR OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Harvey Ford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pres. 2085 SW 19th Ln. Okeechobee, Fl. 34974
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Logan Hall 41 - 6th St. BHR Okeechobee, Fl. 34974
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	David Mullins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. 614 SE 8th Ave Okeechobee, Fl. 34974
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Larry Harris 12835 Longford Rd. N. Palm Beach, Fl. 33408
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Morgan** **2-27-97** **941-7131077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)