


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 04/15/1991	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 65-0274698	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULLINS, DAVID 614 SE 8TH AVE. B.H.R. OKEECHOBEE FL 34974	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE CHANGE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY, FORD	1.2 NAME	DOUG VEST
STREET ADDRESS	2085 SW 19TH LANE	1.3 STREET ADDRESS	1759 S. PARROTT AVE.
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, LOGAN	2.2 NAME	MALCOLM HARTLEY
STREET ADDRESS	41 6TH ST. BHR	2.3 STREET ADDRESS	PO BOX 3091
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34973
TITLE	D. Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, DAVID	3.2 NAME	HARVEY FORD
STREET ADDRESS	614 SE 8TH AVE.	3.3 STREET ADDRESS	2085 SW 19TH LANE
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TOURNAMENT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, LARRY	4.2 NAME	WILLIAM SEITZ
STREET ADDRESS	12836 LONGFORD ROAD	4.3 STREET ADDRESS	3111 SE. 39TH AVE
CITY-ST-ZIP	NO PALM BEACH FL	4.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ASSISTANT TOURNAMENT DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	VIRGINIA FORD
STREET ADDRESS		5.3 STREET ADDRESS	2085 SW 19TH LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	70000246321 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/20/98--01037--003
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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.

CR2E037 (10/97)