

FILE FEE AFTER MAY 1 IS \$155.00

COMMISSION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:10

DOCUMENT # N43542

(2)

1. Corporation Name

THE DEBONAIR SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

POB 1494
PALATKA FL 32178

POB 1494
PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1991

3a. Date of Last Report

04/20/1994

4. FEI Number

593073736

Applied For

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

COYLE, JANICE R.
111 SKEET CLUB RD
PALATKA FL 32177

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	TRELING, A.G. 'TONY'
STREET ADDRESS	34 SPRING CREEK DR
CITY - ST - ZIP	SAN MATEO FL
TITLE	D
NAME	TRELING, ELIZABETH
STREET ADDRESS	34 SPRING CREEK DR
CITY - ST - ZIP	SAN MATEO FL
TITLE	D
NAME	COYLE, WILLIAM A.
STREET ADDRESS	P O BOX 1494 N/A
CITY - ST - ZIP	PALATKA FL
TITLE	D
NAME	COYLE, JANICE R.
STREET ADDRESS	P O BOX 1494 N/A
CITY - ST - ZIP	PALATKA FL
TITLE	D
NAME	DAVID, MARGE
STREET ADDRESS	SR 2 BOX 180
CITY - ST - ZIP	SATSUMA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 my address.

SIGNATURE:

Janice R. Coyle

Janice R. Coyle

4-25-95

904-328-6761

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #