

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90080 025 ****61.25

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DOCUMENT # N43542

1. Corporation Name

THE DEBONAIR SOCIAL CLUB, INC.

Principal Place of Business

POB 1494
PALATKA FL 32178

Mailing Address

POB 1494
PALATKA FL 32178



2. Principal Place of Business

21 POB 383

Suite, Apt. #, etc.

22

City & State

23 INTERLACHEN

Zip

24 32148

Country

25 USA

2a. Mailing Address

26 POB 383

Suite, Apt. #, etc.

27

City & State

28 INTERLACHEN

Zip

29 32148

Country

30

3. Date Incorporated or Qualified

05/22/1991

4. FEI Number

59-3073736

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

9. Name and Address of Current Registered Agent

COYLE, JANICE R
111 SKEET CLUB RD
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name ROSACIA, CARLENE

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

105 STOCK AVE

83

84 City INTERLACHEN

FL

85 Zip Code 32148

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 *Carlene Rosacia*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

25 MARCH 1999

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME TRELING, A.G. "TONY"
STREET ADDRESS 34 SPRING CREEK DR
CITY-ST-ZIP SAN MATEO FL

TITLE D ☐ DELETE
NAME TRELING, ELIZABETH
STREET ADDRESS 34 SPRING CREEK DR
CITY-ST-ZIP SAN MATEO FL

TITLE D ☒ DELETE
NAME COYLE, WILLIAM A
STREET ADDRESS P O BOX 1494 N/A
CITY-ST-ZIP PALATKA FL

TITLE D ☒ DELETE
NAME COYLE, JANICE R
STREET ADDRESS P O BOX 1494 N/A
CITY-ST-ZIP PALATKA FL

TITLE D ☒ DELETE
NAME DAVID, MARGE
STREET ADDRESS SR 2 BOX 190
CITY-ST-ZIP SATSUMA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 D ☒ Change ☐ Addition
3.2 NAME ROSACIA, JERRY
3.3 STREET ADDRESS P.O.B. 383
3.4 CITY-ST-ZIP INTERLACHEN, FL 32148

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME ROSACIA, CARLENE
4.3 STREET ADDRESS P.O.B. 383
4.4 CITY-ST-ZIP INTERLACHEN, FL 32148

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME MOTES, BEULAH
5.3 STREET ADDRESS P.O.B 175
5.4 CITY-ST-ZIP HOLLISTER, FL 32147

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Carlene Rosacia* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 MARCH 1999

Date

Daytime Phone #

CR25037 (11/98)