

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PH 1:49

DOCUMENT # N50853 (3)

1. Corporation Name

APALACHEE COURSING CLUB, INC.

Principal Place of Business

Mailing Address

% ELISE M. FARRAR
5989 W. W. KELLY RD.
TALLAHASSEE FL 32311

% ELISE M. FARRAR
5989 W. W. KELLY RD.
TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

06/23/1994

4. FEI Number

59-3237628

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRAR, ELISE M.
5989 W. W. KELLY RD.
TALLAHASSEE FL 32311

81 Name

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

83

84 City

FL

85

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

TITLE	SD
NAME	FARRAR, ELISE M.
STREET ADDRESS	5989 W W KELLY RD.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	PT
NAME	JACKSON, DALE R.
STREET ADDRESS	6416 DANCER'S IMAGE TR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	X DIRECTOR
NAME	HITT, K. WAYNE
STREET ADDRESS	2031 DELLVIEW DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	WHITEHURST, GAIL N.
STREET ADDRESS	212 GLEN ARVEN DRIVE
CITY - ST - ZIP	THOMASVILLE GA
TITLE	D
NAME	GIGOLLE TOM J
STREET ADDRESS	RT2 BOX 4140
CITY - ST - ZIP	QUINCY FL
TITLE	D
NAME	ANSIN, MARSHALL
STREET ADDRESS	4129 MAIN ST.
CITY - ST - ZIP	MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR VICE PRES.	☐ Change ☒ Addition
1.2 NAME	B. ELISE FARRAR	
1.3 STREET ADDRESS	5989 W.W. KELLY ROAD	
1.4 CITY - ST - ZIP	TALLAHASSEE FL 32311	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
3.2 NAME	FRAN WENHOLD	
3.3 STREET ADDRESS	1023 CANARVON DRIVE	
3.4 CITY - ST - ZIP	TALLAHASSEE FL 32311	
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		

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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elise M. Farrar

2-15-95

877-7102

Date

Signature Printed