

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N50853** (3)
1. Corporation Name
APALACHEE COURSING CLUB, INC.



Principal Place of Business 9301 ROSE RD 5989 W. W. KELLY RD. TALLAHASSEE FL 32311 US	Mailing Address 9301 ROSE RD 5989 W. W. KELLY RD. TALLAHASSEE FL 32311-9187 US
---	--

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 04/08/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3237628	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent FARRAR, ELISE M. 9301 ROSE ROAD TALLAHASSEE FL 32311		10. Name and Address of New Registered Agent	
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 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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	☒ DELETE	1.1 TITLE D	☒ Change ☐ Addition
NAME FARRAR, ELISE M		1.2 NAME Farrar, Elise M.	
STREET ADDRESS 9301 ROSE ROAD		1.3 STREET ADDRESS 9301 Rose Road	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Tallahassee, FL	
TITLE PT	☒ DELETE	2.1 TITLE T	☒ Change ☐ Addition
NAME JACKSON, DALE R.		2.2 NAME Jackson, Dale R.	
STREET ADDRESS 6416 DANCER'S IMAGE TR.		2.3 STREET ADDRESS 6416 Dancer's Image Tr.	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP Tallahassee, FL	
TITLE D	☒ DELETE	3.1 TITLE D	☒ Change ☐ Addition
NAME HITT, K. WAYNE		3.2 NAME Davis, Glen	
STREET ADDRESS 2031 DELLVIEW DR.		3.3 STREET ADDRESS 1578 Gainey Road	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP Cario, Ga	
TITLE D	☒ DELETE	4.1 TITLE V-P	☒ Change ☐ Addition
NAME WHITEHURST, GAIL N.		4.2 NAME Pam Davis	
STREET ADDRESS 212 GLEN ARVEN DRIVE		4.3 STREET ADDRESS 1578 Gainey Rd, Cario, Ga	
CITY-ST-ZIP THOMASVILLE GA		4.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME CIGOLLE, TOM J.		5.2 NAME	
STREET ADDRESS RT2 BOX 4140		5.3 STREET ADDRESS	
CITY-ST-ZIP QUINCY FL		5.4 CITY-ST-ZIP	
TITLE VP	☒ DELETE	6.1 TITLE P	☒ Change ☐ Addition
NAME FARRAR, B ELISE		6.2 NAME Farrar, B Elise	
STREET ADDRESS 9301 ROSE ROAD		6.3 STREET ADDRESS 9301 Rose Road	
CITY-ST-ZIP TALLAHASSEE FL		6.4 CITY-ST-ZIP Tallahassee, FL	

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.

Elise M Farrar

909

CR2E037 (9/96)