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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N50853

1. Corporation Name
APALACHEE COURSING CLUB, INC.

Principal Place of Business	Mailing Address
1023 CANARVON DR TALLAHASSEE FL 32311 US	1023 CANARVON DR TALLAHASSEE FL 32311 US

2. Principal Place of Business 21 9301 ROSE RD	2a. Mailing Address 26 9301 ROSE RD	3. Date Incorporated or Qualified 09/14/1992
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	4. FEI Number 59-3237628 ☐ Applied For ☐ Not Applicable
City & State 23 TALLAHASSEE FL	City & State 28 TALLAHASSEE FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32311 25 USA	Zip / Country 29 32311 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WENHOLD, FRAN 1023 CANARVON DR TALLAHASSEE FL 32311	81 Name: ELISE M FARRAR 82 Street Address (P.O. Box Number is Not Acceptable): 9301 ROSE ROAD 83 84 City: TALLAHASSEE FL 85 Zip Code: 32311

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: Elise M Farrar — DATE: March 28 '99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FARRAR, ELSIE M		1.2 NAME		
STREET ADDRESS	9301 ROSE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	V	☑ 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 32308		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	☑ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	DAVIS, GLEN		3.2 NAME	KRIS DOUGHERTY	
STREET ADDRESS	1578 GAINEY ROAD		3.3 STREET ADDRESS	1006 WAVERLY RD	
CITY-ST-ZIP	CAIRO GA		3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	V	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	DAVIS, PAM		4.2 NAME	MOLATARIS DIANE R	
STREET ADDRESS	1578 GAINEY RD		4.3 STREET ADDRESS	7262 KIDD DRIVE	
CITY-ST-ZIP	CAIRO GA		4.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
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	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FARRAR, B ELISE		6.2 NAME		
STREET ADDRESS	5420 WW KELLY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Elise M Farrar — 3/4/99 — 850 877-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #