

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90140 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50853

1. Corporation Name

APALACHEE COURSING CLUB, INC.

Principal Place of Business

1023 CANARVON DR
TALLAHASSEE FL 32311
US

Mailing Address

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
City & State 23 TALLAHASSEE FL	City & State 28 TALLAHASSEE FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24 32311	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
29 32311	30 USA	

9. Name and Address of Current Registered Agent

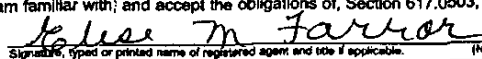
WENHOLD, FRAN
1023 CANARVON DR
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

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



(NOTE: Registered Agent signature required when relinquishing)

March 78 '99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	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	2.1 TITLE	☒ 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	3.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, GLEN	3.2 NAME	KRIS DOUGHERTY
STREET ADDRESS	1578 GAINES ROAD	3.3 STREET ADDRESS	1006 Waverly Rd
CITY-ST-ZIP	CAIRO GA	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, PAM	4.2 NAME	MOLATARI, DIANE R
STREET ADDRESS	1578 GAINES RD	4.3 STREET ADDRESS	7262 KIDD DRIVE
CITY-ST-ZIP	CAIRO GA	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D	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	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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/99

Daytime Phone #

877-7102

CR2E037 (1/98)