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Jun 18 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 # N93000000115 (6)

1. Corporation Name

HARCI EMPLOYEES CLUB, INC.



Principal Place of Business

Mailing Address

RT 2 BOX 200
BOWLING GREEN FL 33834

RT 2 BOX 200
BOWLING GREEN FL 33834-9505

3. Date Incorporated or Qualified
01/05/1993

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUER, BENJAMIN T
RT 2 BOX 200
STATE ROAD 62 WEST
BOWLING GREEN FL 33834

81 Name Unger, Sr., Frank

82 Street Address (P.O. Box Number is Not Acceptable)
Rt 2, Box 200

83 6901 State Road 62

84 City Bowling Green

FL

85 Zip Code
33834

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]*

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HARPER, BOBBY
STREET ADDRESS RT 2 BOX 200
CITY-ST-ZIP BOWLING GREEN FL

1.1 TITLE P/D Unger, Sr. Frank ☐ Change ☒ Addition
1.2 NAME Rt 2, Box 200
1.3 STREET ADDRESS Bowling Green FL 33834
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VD ☒ DELETE
NAME ANDERSON, CHRISTOPHER
STREET ADDRESS RT 2 BOX 200
CITY-ST-ZIP BOWLING GREEN FL

2.1 TITLE V/D Anderson, Sheryl ☐ Change ☒ Addition
2.2 NAME Rt 2, Box 200
2.3 STREET ADDRESS Bowling Green FL 33834
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TD ☒ DELETE
NAME FARMER, MICHAEL
STREET ADDRESS RT 2 BOX 200
CITY-ST-ZIP BOWLING GREEN FL

3.1 TITLE T/D Brazil, Wendy ☐ Change ☒ Addition
3.2 NAME Rt 2, Box 200
3.3 STREET ADDRESS Bowling Green FL 33834
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE S ☒ DELETE
NAME DEEN, BETTY A
STREET ADDRESS RT 2 BOX 200
CITY-ST-ZIP BOWLING GREEN FL 33834

4.1 TITLE S Moore, Marilyn ☐ Change ☒ Addition
4.2 NAME Rt 2, Box 200
4.3 STREET ADDRESS Bowling Green FL 33834
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CP2E037 (9/96)