

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002889 (4)

1. Corporation Name

THE TRIATHLON CLUB OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1780 S 3RD STREET
JACKSONVILLE BEACH FL 32250

1780 S 3RD STREET
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

06/15/1994

4. FEI Number

59-3194762

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. 189.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 **315 THIRD AVE NORTH**

26 **315 THIRD AVE. NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 150**

27 **SUITE 150**

City & State

City & State

23 **JACKSONVILLE BEACH, FL**

28 **JACKSONVILLE BEACH, FL**

Zip

Country

Zip

Country

24 **32250**

25 **USA**

29 **32250**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BADENHOOP, JOHN C
1780 S 3RD STREET
JACKSONVILLE BEACH FL 32250**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
315 THIRD AVE NORTH

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	BADENHOOP, JOHN C
STREET ADDRESS	1780 SOUTH THIRD ST
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250
TITLE	SD
NAME	BADENHOOP, MICHELE W.
STREET ADDRESS	365 CHARLEMAGNE CIR.
CITY - ST - ZIP	PONTE VEDRA BCH. FL
TITLE	D
NAME	PARKES, MARLETON
STREET ADDRESS	1120 OCEAN DR.
CITY - ST - ZIP	ATLANTIC BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	315 THIRD AVE. NORTH
1.4 CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D
3.3 STREET ADDRESS	DOROTHY DORION
3.4 CITY - ST - ZIP	7922 HUNTERS GROVE RD. JACKSONVILLE, FL 32256
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 119.07(3)(b), 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.

SIGNATURE:

John C. Badenhop
JOHN C. BADENHOOP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

201 247-1100

(Date)

(Telephone Number)