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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:12

DOCUMENT # N94000003197 (0)

1. Corporation Name
SEBASTIAN RIVER ATHLETICS CLUB, INC.

Principal Place of Business	Mailing Address
1327 N. CENTRAL AVENUE SEBASTIAN FL 32958	1327 N. CENTRAL AVENUE SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3255925 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G
1327 N. CENTRAL AVENUE
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
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	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	VANDEVOORDE, RENE G	1.2 NAME	JACOBS, JOHN
STREET ADDRESS	1327 N. CENTRAL AVENUE	1.3 STREET ADDRESS	750 JORDAN AVENUE
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	POWELL, LONNIE	2.2 NAME	THORNTON, JOHN
STREET ADDRESS	885 ROSELAND ROAD	2.3 STREET ADDRESS	4696 58TH AVENUE
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	SD	3.1 TITLE	D ☐ Change ☒ Addition
NAME	GALANIS, SONJA	3.2 NAME	JUSTICE, SUE
STREET ADDRESS	6175 S. MIRROR LAKE DRIVE	3.3 STREET ADDRESS	12470 89 STREET
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	FELLSMERE, FL 32947
TITLE	TD TD	4.1 TITLE	D ☐ Change ☒ Addition
NAME	RABORN, MAURA DONINI, TONY	4.2 NAME	DUFFELL, DAN
STREET ADDRESS	155 HARRIS DRIVE 1331 N. CENTRAL AVE.	4.3 STREET ADDRESS	717 W. FISHER AVENUE
CITY-ST-ZIP	SEBASTIAN FL 32958 SEBASTIAN, FL 32958	4.4 CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	HILL, JOHN	5.2 NAME	HILL, TERRY
STREET ADDRESS	367 MAIN STREET	5.3 STREET ADDRESS	634 JENKINS
CITY-ST-ZIP	SEBASTIAN, FL 32958	5.4 CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	CICHEWICZ, STAN	6.2 NAME	REED, ROD
STREET ADDRESS	626 SEMBLER STREET	6.3 STREET ADDRESS	706 W. FISHER CIRCLE
CITY-ST-ZIP	SEBASTIAN, FL 32958	6.4 CITY-ST-ZIP	SEBASTIAN, FL 32958

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)(k), 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: Rene' G. VanDeVoorde 2-15-95 407-589-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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