

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90003 004 ****61.25

DOCUMENT # **N94000004720** ✓

1. Corporation Name

COUNTRY SWINGERS, INC.

Principal Place of Business

1520 OAK AVE
LAKE PLACID FL 33852-8626
US

Mailing Address

1520 OAKE AVE
LAKE PLACID FL 33852-8626
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0515509

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELK, LINDA D
1520 OAK AVE
LAKE PLACID FL 33852

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

JELICKS, RON

STREET ADDRESS

5704 DESOTO CITY RD

CITY-ST-ZIP

SEBRING FL 33870

1.1 TITLE

PD

☒ Change

☐ Addition

1.2 NAME

JIM HELOX

1.3 STREET ADDRESS

1103 BELLWUE AVE.

1.4 CITY-ST-ZIP

SEBRING, FL 33870

TITLE

VP

☐ DELETE

NAME

HOLLEY, EVA

STREET ADDRESS

2407 PAR RD

CITY-ST-ZIP

SEBRING FL 33872

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

TD

☐ DELETE

NAME

ELK, WILLIAM E

STREET ADDRESS

1520 OAK AVE

CITY-ST-ZIP

LAKE PLACID FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

SD

☐ DELETE

NAME

ELK, LINDA D

STREET ADDRESS

1520 OAK AVE

CITY-ST-ZIP

LAKE PLACID FL

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Linda D. Elk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA D. ELK

July 9, 1999
Date

941-465-930
Daytime Phone #