

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
Aug 22 1996 8:00 am
Secretary of State

DOCUMENT # N94000005890 (8)

1. Corporation Name

CROSS CREEK AIRBOAT CLUB, INC.

Principal Place of Business

**P.O. BOX 820
HAWTHORNE FL 32640-0820**

Mailing Address

**P.O. BOX 820
HAWTHORNE FL 32640-0820**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
04/28/1995

4. FEI Number

APPLIED FOR

See Attached

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSELY, LELAND C JR.
1642 NE 180TH STREET
CITRA FL 32667**

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

TITLE **PRES** ☐ DELETE
NAME **MUSIC, JERRY C**
STREET ADDRESS **1717 SE 219A**
CITY-ST-ZIP **HAWTHORNE FL**

TITLE **SECT** ☐ DELETE
NAME **BUCKLAND, LIDA**
STREET ADDRESS **1642 WE 180TH STREET**
CITY-ST-ZIP **CITRA FL**

TITLE **BOD** ☐ DELETE
NAME **SLEAN, DAVID**
STREET ADDRESS **RT 3, BOX 143A**
CITY-ST-ZIP **HAWTHORNE FL**

TITLE **BOD** ☐ DELETE
NAME **NASH, TERRY**
STREET ADDRESS **RT 3, BOX 143A**
CITY-ST-ZIP **HAWTHORNE FL**

TITLE **V** ☒ DELETE
NAME **MOSLEY JR., LELAND C**
STREET ADDRESS **1642 NE 180TH ST.**
CITY-ST-ZIP **CITRA FL 32667**

TITLE **D** ☐ DELETE
NAME **ARNOLD, CHUCK**
STREET ADDRESS **RT. 3 BOX 109AA**
CITY-ST-ZIP **HAWTHORNE FL 32640**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **800001931218**
1.4 CITY-ST-ZIP **-08/23/96--01087--017**
*******61.25** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **BOD** ☐ Change ☐ Addition
3.2 NAME **Mosley, Jr. Leland C**
3.3 STREET ADDRESS **1642 NE 180th Street**
3.4 CITY-ST-ZIP **Citra FL 32667**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **V** ☐ Change ☐ Addition
5.2 NAME **Wilson, Bob**
5.3 STREET ADDRESS **P.O. Box 11 N/A**
5.4 CITY-ST-ZIP **Lowell FL 32663**

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)(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: **Lida Buckland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
Date

481-0126
Daytime Phone #

CR2E037 (12/95)

**WSP
9/22/96**

pg 2 of 2

Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)		EIN OMB No. 1545-0003 Expires 12-31-96	
Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>Cross Creek Airboat Club, Inc.</u>				
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name <u>Leland C. Mosley, Jr.</u>		
	4a Mailing address (street address) (room, apt., or suite no.) <u>P.O. Box 820</u>		5a Business address, if different from address in lines 4a and 4b		
	4b City, state, and ZIP code <u>Hawthorne FL 32640-0820</u>		5b City, state, and ZIP code		
	6 County and state where principal business is located				
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <u>Jerry C. Music</u>				
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>Club - Airboats</u> (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶				
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State <u>Florida</u>		Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ <u>the Airboat Club</u> <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
10 Date business started or acquired (Mo., day, year) (See instructions.) <u>12-01-94</u>		11 Enter closing month of accounting year. (See instructions.) <u>(12-31) December</u>			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ <u>NONE</u>					
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶			Nonagricultural <u>NONE</u>	Agricultural <u>NONE</u>	Household <u>NONE</u>
14 Principal activity (See instructions.) ▶ <u>Airboat Club -</u>					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶					
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input checked="" type="checkbox"/> N/A					
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Trade name ▶					
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Business telephone number (include area code)					
Name and title (Please type or print clearly.) ▶ <u>Jerry C. Music, President</u> <u>(904) 481-0126</u>					
Signature ▶ <u>Jerry C. Music</u> Date ▶ <u>4-16-95</u>					
Note: Do not write below this line. For official use only.					
Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying