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Mar 12 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 # **N95000001191 (4)**

1. Corporation Name

NEWFOUNDLAND CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2809 SHAMROCK NORTH TALLAHASSEE FL 32308-2231	2809 SHAMROCK NORTH TALLAHASSEE FL 32308-2231

3. Date Incorporated or Qualified: **07/13/1994**
3a. Date of Last Report: **01/31/1996**

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

4. FEI Number: **59-3117287** ☐ 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

MCMAHON, CANDACE C
2809 SHAMROCK NORTH
TALLAHASSEE FL 32308-2231

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, CANDACE C		1.2 NAME		
STREET ADDRESS	2809 SHAMROCK NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308-2231		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALIFF, NANCY J		2.2 NAME		
STREET ADDRESS	8161 BLUE QUILL		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312-5017		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DEMACK, SHARON		3.2 NAME	BRENDA RIDDLE	
STREET ADDRESS	3768 TARO PLACE		3.3 STREET ADDRESS	C/O D. FAYNOR 10067 STANCROP AVE	
CITY-ST-ZIP	SARASOTA FL 34232		3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS-MYERS, KAREN		4.2 NAME		
STREET ADDRESS	2009 SCENIC ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP		
TITLE	EAD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BASEL, BETH		5.2 NAME		
STREET ADDRESS	1532 U.S. 41 BYPASS SOUTH, #262		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34253		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Candace C McMahon 3/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #