

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 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
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DOCUMENT # N95000001225 (0)

1. Corporation Name

MAVERICKS' COUNTRY WESTERN SOCIAL CLUB, INC.



Principal Place of Business 4412 WOODBRIDGE RD. TALLAHASSEE FL 32303	Mailing Address 4412 WOODBRIDGE RD. TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1995	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 4322 KENSINGTON RD. Suite, Apt. #, etc.	2a. Mailing Address 26 4322 KENSINGTON RD Suite, Apt. #, etc.	4. FEI Number 59-3251528	Applied For Not Applicable
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22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 City & State TALLAHASSEE, FL.	28 City & State TALLAHASSEE, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 Zip 32303	25 Country LEON	29 Zip 32303	30 Country LEON	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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GAVAGNI, MICHELE A
4412 WOODBRIDGE RD.
TALLAHASSEE FL 32303

81 Name David R Gibson	82 Street Address (P.O. Box Number is Not Acceptable) 4322 Kensington Road	83 Tallahassee	84 City Florida	85 Zip Code 32304
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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 agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *David R Gibson* DATE Aug. 5, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GAVAGNI, MICHELE A 4412 WOODBRIDGE RD. TALLAHASSEE FL 32303	1.1 TITLE	PD David R Gibson
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4322 Kensington Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Talla, Fla 32304
TITLE	VD MILLER, RICK 228 DAY ST. TALLAHASSEE FL 32034	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BENNIGHT, JIM 615 W. ST. AUGUSTINE RD. #4 TALLAHASSEE FL	3.1 TITLE	SD Vicki Hooks
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	5757 Jodphur Ct
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Talla, Fla 32303
TITLE	TD O'STEEN, DIANA B 8816 CHATHAM CT. TALLAHASSEE FL 32311	4.1 TITLE	TD Lola A. Murphy
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	3732 Sutor Ct
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Talla, Fla 32311
TITLE	D BERNAL, KATHY 4386 KENSINGTON RD. TALLAHASSEE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Newsletter Editor
NAME		6.2 NAME	Jim Bennight
STREET ADDRESS		6.3 STREET ADDRESS	631 E. call street #107
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Talla, Fla 32301

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 SIGNATURE REQUIRED *David R Gibson* *Aug 31 1997* *644 7704*

CR2E037 (4/97)