

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER : SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 16 1998 8:00am  
Secretary of State

DOCUMENT # N95000001225 (0)

1. Corporation Name

MAVERICKS' COUNTRY WESTERN SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

4322 KENSINGTON RD  
TALLAHASSEE FL 32303  
US

4322 KENSINGTON RD  
TALLAHASSEE FL 32303  
US

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

59-3251528

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBSON, DAVID R  
4322 KENSINGTON ROAD  
TALLAHASSEE FL 32304

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 GIBSON, DAVID R  
STREET ADDRESS 4322 KENSINGTON ROAD  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE E ☐ DELETE

NAME BENNIGHT, JIM  
STREET ADDRESS 831 E CALL ST., #107  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME HOOKS, VICKI  
STREET ADDRESS 5757 JODPHUR CT  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

NAME MURPHY, LOLA A  
STREET ADDRESS 3732 SUTOR CT  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Treasurer  
Karen R Loman  
4401 Rockingham Rd  
Tallahassee, FL 32303

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/98

850-878-2043

Date

Daytime Phone # Ext. 120

CR2E037 (5/98)