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Mar 03 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 # N95000002362 (0)

1. Corporation Name

ALIMACANI RECREATION BOOSTERS' CLUB, INC.



Principal Place of Business

Mailing Address

2051 SAN PABLO ROAD
JACKSONVILLE FL 32224

2051 SAN PABLO ROAD
JACKSONVILLE FL 32224-1031

3. Date Incorporated or Qualified
05/16/1995

3a. Date of Last Report
02/26/1996

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

HULSEY, MARK III
1551 ATLANTIC BLVD.
SUITE 200
JACKSONVILLE FL 32207

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 D ☒ DELETE
NAME ~~DAKE, FREDERICK L~~
STREET ADDRESS ~~7781 BAYBERRY ROAD~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32256~~

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME JOSEPH MIMMS
1.3 STREET ADDRESS 13584 LDB COURT
1.4 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D ☒ DELETE
NAME GALLOWAY, PHILIP B
STREET ADDRESS 704 SHIPWATCH DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE D/S ☒ Change ☐ Addition
2.2 NAME BRIAN COFFEY
2.3 STREET ADDRESS 14231 TWIN FALLS DRIVE EAST
2.4 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D ☒ DELETE
NAME TIPTON, JAN S
STREET ADDRESS 503 8TH STREET NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

3.1 TITLE D/T ☒ Change ☐ Addition
3.2 NAME RAYMOND KREICHEL
3.3 STREET ADDRESS 13045 PALMETTO GLADE DR
3.4 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Joseph Mimm Leon Mimm III 97 Feb 11

(904) 270-3070
5126 x307

CR2E037 (9/96)