FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9500004683

SKYLINE SOCIAL CLUB, INC.

Principal Place of Business 2901 N. HAYNE STREET PENSACOLA FL 32501

2. Principal Place of Business

Mailing Address

819 N. REUS STREET PENSACOLA FL 32501

2a. Mailing Address

FILED Mar 09, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

09/12/1995



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B10 E LARUA STREET PENSACOLA FL 32501 A							
PENSACOLA FL 32501 83	·			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
## City FL 85 Zip Code				93		··	
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, 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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WILLIAMS, JOYCE STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZP PENSACCILA FL 32501 DELETE 1. TITLE OChange Addition VILLIAMS, MARLON 2. STREET ADDRESS OTM-ST-ZP PENSACCILA FL 32501 DELETE 3. STREET ADDRESS 1. STREET ADDRESS OTM-ST-ZP PENSACCILA FL 32501 DELETE 3. TITLE OCHANGE Addition VILLIAMS, JIMMIE 3. STREET ADDRESS OTM-ST-ZP PENSACCILA FL 32501 DELETE 3. STREET ADDRESS OTM-ST-ZP TITLE OCHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OCHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OF	PENSACOLA FL 32501				·		
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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	14. hereby (certify that the information supplied w	vith this filing does not qualify for the ex-	emption stated in	Section 119.07(3)(i), Florida Statutes. I further co	artify 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 it made under oath; that I am at 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, with all other like empowered.

SIGNATURE

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