

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
Sep 11 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 # N95000005502 (8)

1. Corporation Name

MALONE COMMUNITY CLUB, INCORPORATED

Principal Place of Business

Mailing Address

5255 11TH AVENUE
MALONE FL 32445

POST OFFICE BOX 330
MALONE FL 32445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1995 3a. Date of Last Report 06/11/1996

4. FEI Number APPLIED FOR 59-3095483 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 5186 9th Ave.

Suite, Apt. #, etc.

City & State 23 Malone, FL

Zip 24 32445 Country 25 Jackson

2a. Mailing Address 26 P.O. Box 176

Suite, Apt. #, etc.

City & State 28 Malone, FL

Zip 29 32445 Country 30 Jackson

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, NORMAN A
5315 12TH STREET
MALONE FL 32445

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 Norman A. Torres 9-8-97

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	MCKAY, SAMUEL	
STREET ADDRESS	4985 KILLIS RD.	
CITY-ST-ZIP	GREENWOOD FL 32443	
TITLE	D	DELETE
NAME	TORRES, NORMAN A	
STREET ADDRESS	5315 12TH ST.	
CITY-ST-ZIP	MALONE FL 32445	
TITLE	D	DELETE
NAME	MOUNT, GENE	
STREET ADDRESS	5878 SUNLIGHT RD.	
CITY-ST-ZIP	MALONE FL 32448	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME	Director	
3.3 STREET ADDRESS	Smith, Kermit	
3.4 CITY-ST-ZIP	P.O. Box 176 15353 12th St. Malone, FL 32445	
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: Norman A. Torres 9-8-97

CR2E037 (4/97)