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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000003821

AT CLUB, INC. Principal Place of Business Mailing Address 2250 SE WALTON ROAD 2250 SE WALTON ROAD PRT ST. LUCIE FL 34952 PRT ST. LUCIE FL 34952-7834 3. Date Incorporated or Qualified 07/18/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For *65-068*2789 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ziρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BYRUM, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2250 SE WALTON ROAD PRT ST. LUCIE FL 34952 83 City 65 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)☐ Addition DELETE Change 1.1 TITLE TITLE BYRUM, MICHAEL NAME 1.2 NAME 733 SE ACADEMY LANE 1.3 STREET ADDRESS STREET ADDRESS PT ST. LUCIE FL 34984 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE ☐ DELETE 2.1 TITLE Change ☐ Addition RIVERA, ANGEL 2.2 NAME NAME 3527 SW PUMPKIN ST STREET ADDRESS 2.3 STREET ADORESS PT ST. LUCIE FL 34953 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition ☐ Change 3.1 TITLE THILE VICKERS, KERRY NAME 3.2 NAME 1882 SE CARVALHO STREET STREET ADDRESS 3.3 STREET ADDRESS PT ST. LUCIE FL 34983 CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition S 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 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:

CITY - ST-ZIP

Daytime Phone # 0071021

FILED

Mar 21 1997 8:00am

Secretary of State