


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000004549 (9)**

1. Corporation Name

**TALLAHASSEE AUBURN CLUB, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>RTE. 22, BOX 202-A<br/>TALLAHASSEE FL 32310</b> | Mailing Address<br><b>RTE. 22, BOX 202-A<br/>TALLAHASSEE FL 32310-9809</b> |
|---|--|

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br><b>21 4240 SHERBORNE ROAD</b> | 2a. Mailing Address<br><b>26 4240 SHERBORNE ROAD</b> | 3. Date Incorporated or Qualified<br><b>08/30/1996</b>  | 3a. Date of Last Report<br><b>N/A</b>  |
| Suite, Apt. #, etc.<br><b>22</b>                                | Suite, Apt. #, etc.<br><b>27</b>                     | 4. FEI Number   | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| City & State<br><b>23 TALLAHASSEE FL</b>                        | City & State<br><b>28 TALLAHASSEE FL</b>             | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>  |
| Zip<br><b>24 32303</b>  | Country<br><b>25</b>                                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>   |
| Country<br><b>29 32303</b>                                      | Country<br><b>30</b>                                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>VANDER WERF, LISA J<br/>RTE. 22, BOX 202-A<br/>TALLAHASSEE FL 32310</b> |  | 10. Name and Address of New Registered Agent<br><b>81 Name<br/>VANDERWERF-HOURIGAN, LISA<br/>82 Street Address (P.O. Box Number is Not Acceptable)<br/>4240 SHERBORNE ROAD<br/>83<br/>84 City<br/>TALLAHASSEE FL<br/>85 Zip Code<br/>32303</b> |  |
|---|--|--|--|

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 **LISA VANDERWERF-HOURIGAN** *Lisa VanderWef-Hourigan* DATE **4/7/97**

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS                               |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE<br><b>PD</b>                                       | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>VANDERWERF-HOURIGAN, LISA</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>VANDERWERF, LISA J</b>                        |                                 | 1.2 NAME<br><b>VANDERWERF-HOURIGAN, LISA</b>          |  |
| STREET ADDRESS<br><b>RTE. 22, BOX 202-A</b>              |                                 | 1.3 STREET ADDRESS<br><b>4240 SHERBORNE ROAD</b>      |  |
| CITY-ST-ZIP<br><b>TALLAHASSEE FL 32310</b>               |                                 | 1.4 CITY-ST-ZIP<br><b>TALLAHASSEE FL 32303</b>        |  |
| TITLE<br><b>VPD</b>                                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>MCCOLLERS, BOB</b>                            |                                 | 2.2 NAME  |  |
| STREET ADDRESS<br><b>3030 HAWKS GLEN</b>                 |                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>TALLAHASSEE FL 32312</b>               |                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VPD</b>                                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>GADD, CHRIS</b>                               |                                 | 3.2 NAME  |  |
| STREET ADDRESS<br><b>3062 HAWKS GLEN</b>                 |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>TALLAHASSEE FL 32312</b>               |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VPD</b>                                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>DAVIS, NICK</b>                               |                                 | 4.2 NAME  |  |
| STREET ADDRESS<br><b>830 NORTH DAWSON STREET</b>         |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>THOMASVILLE GA 32792</b>               |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>SD</b>                                       | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>MASON, ED</b>                                 |                                 | 5.2 NAME  |  |
| STREET ADDRESS<br><b>1647-2 EAGLES LANDING BOULEVARD</b> |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>TALLAHASSEE FL 32308</b>               |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>TD</b>                                       | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>PICKRON, RITCHIE</b>                          |                                 | 6.2 NAME  |  |
| STREET ADDRESS<br><b>1742 RIVER BIRCH HOLLOW</b>         |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>TALLAHASSEE FL 32308</b>               |                                 | 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.

CR2E037 (9/96)