

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</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

Mailing Address

**4240 SHERBORNE RD  
TALLAHASSEE FL 32303  
US**

**4240 SHERBORNE RD  
TALLAHASSEE FL 32303  
US**

2. Principal Place of Business

2a. Mailing Address

**21 830 N. Dawson St**

**26 830 N. Dawson St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Thomasville GA 31792**

**28 Thomasville GA 31792**

Zip

Country

Zip

Country

**24 31792 - 4453**

**25 USA**

**29 31792 - 4453**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDERWERF-HOURIGAN, LISA  
4240 SHERBORNE RD  
TALLAHASSEE FL 32303**

**81 Name L. Nick Davis**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83 830 N. Dawson St 2040 NW 67th Place**  
**84 City Thomasville GA FL 85 31792**

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 **L. Nick Davis** **L. Nick Davis** President **4/9/98**  
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          | PD                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | VANDERWERF, HOURIGAN L          |  |
| STREET ADDRESS | 4240 SHERBORNE RD               |  |
| CITY-ST-ZIP    | TALLAHASSEE FL                  |  |
| TITLE          | VPD                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCCULLERS, BOB                  |  |
| STREET ADDRESS | 3030 HAWKS GLEN                 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312            |  |
| TITLE          | VPD                             | <input type="checkbox"/> DELETE            |
| NAME           | GADD, CHRIS                     |  |
| STREET ADDRESS | 3062 HAWKS GLEN                 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312            |  |
| TITLE          | VPD                             | <input type="checkbox"/> DELETE            |
| NAME           | DAVIS, NICK                     |  |
| STREET ADDRESS | 830 NORTH DAWSON STREET         |  |
| CITY-ST-ZIP    | THOMASVILLE GA 32782            |  |
| TITLE          | SD                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | MASON, ED                       |  |
| STREET ADDRESS | 1647-2 EAGLES LANDING BOULEVARD |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308            |  |
| TITLE          | TD                              | <input type="checkbox"/> DELETE            |
| NAME           | PICKRON, RITCHIE                |  |
| STREET ADDRESS | 1742 RIVER BIRCH HOLLOW         |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308            |  |

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | PRESIDENT                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | L. Nick Davis             |  |
| 1.3 STREET ADDRESS | 830 N. Dawson St          |  |
| 1.4 CITY-ST-ZIP    | Thomasville GA 31792-4453 |  |
| 2.1 TITLE          | 1st Vice President        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | KEVIN SIDON               |  |
| 2.3 STREET ADDRESS | 2503-H Old Bainbridge Rd. |  |
| 2.4 CITY-ST-ZIP    | TALLAHASSEE FL 32303      |  |
| 3.1 TITLE          | 2nd Vice President        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                           |  |
| 3.3 STREET ADDRESS |                           |  |
| 3.4 CITY-ST-ZIP    |                           |  |
| 4.1 TITLE          | 3rd Vice President        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | STEWART Proctor           |  |
| 4.3 STREET ADDRESS | 1844 CHARDONY PLACE       |  |
| 4.4 CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |
| 5.1 TITLE          | Newsletter Editor         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | ALISA GOLD BEAR           |  |
| 5.3 STREET ADDRESS | 7128 UPLAND GLADE         |  |
| 5.4 CITY-ST-ZIP    | TALLAHASSEE FL 32312      |  |
| 6.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                           |  |
| 6.3 STREET ADDRESS |                           |  |
| 6.4 CITY-ST-ZIP    |                           |  |

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 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: **L. Nick Davis** **L. Nick Davis** **4/9/98** **35-379-7606**

CR2E037 (10/97)