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Feb 07 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 # N96000005292 (5)

1. Corporation Name

PALM COAST MSU ALUMNI CLUB, INC.

Principal Place of Business

121 RAINTREE TRAIL
JUPITER FL 33458

Mailing Address

121 RAINTREE TRAIL
JUPITER FL 33458-7347



3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0704074

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEISCHMANN, JAMES P
121 RAINTREE TRAIL
JUPITER FL 33458

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

James P. Fleischmann

JAMES P. FLEISCHMANN, PRESIDENT

1/31/97

(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 ☐ DELETE

NAME PRESIDENT
JAMES FLEISCHMANN
STREET ADDRESS 121 RAINTREE TRAIL
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ DELETE

NAME VICE-PRESIDENT
JACK HORNIMAN
STREET ADDRESS 304 GOLFVIEW RD, #403
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ DELETE

NAME SECRETARY
DEBORAH CLARK
STREET ADDRESS 3915 S. FLAGLER DR.
CITY-ST-ZIP W. PALM BEACH, FL 33405

TITLE ☐ DELETE

NAME FAYE TREASURER
FAYE SCHRECKENBOST
STREET ADDRESS 9975 169TH CT.
CITY-ST-ZIP JUPITER, FL 33478

TITLE ☐ DELETE

NAME DIRECTOR
KAREN TUCKER
STREET ADDRESS 44 COCONUT ROW # B-402
CITY-ST-ZIP PALM BEACH, FL 33460

TITLE ☐ DELETE

NAME DIRECTOR
DEL HIGHFIELD
STREET ADDRESS 5332 LAKE WORTH RD
CITY-ST-ZIP LAKE WORTH, FL 33463

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

James P. Fleischmann

JAMES P. FLEISCHMANN 1/31/97

561-686-2481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043540

CR2E037 (9/96)