


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005292 (5)

1. Corporation Name

PALM COAST MSU ALUMNI CLUB, INC.

Principal Place of Business

Mailing Address

121 RAINTREE TRAIL
JUPITER FL 33458

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JUPITER FL 33458

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0704074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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
Signature, and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

7/2/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME CLARK, DEBORAH
STREET ADDRESS 3015 S. FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME SCHRECENGOST, FAYE
STREET ADDRESS 9975 189TH CT.
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME ~~HIGHFIELD, DEE~~
STREET ADDRESS 5332 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

HIGHFIELD DEL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/98

(561) 686-2481

Date

Daytime Phone #

CR2E037 (5/98)