

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 17, 1999 8:00 am**  
**Secretary of State**

06-17-1999 90008 047 \*\*\*\*69.00

**DOCUMENT # N97000000098**

1. Corporation Name

**LEONIA SPORTING CLUB INC**

Principal Place of Business

ROUTE 2 BOX 383-AA  
WESTVILLE FL 32464

Mailing Address

ROUTE 2 BOX 383-AA  
WESTVILLE FL 32464



2. Principal Place of Business

21 1601 Cain Ln

Suite, Apt. #, etc.

22 Westville FL

City & State

23 32464 USA

Zip

Country

24

2a. Mailing Address

26 1601 Cain Ln

Suite, Apt. #, etc.

27 Westville FL

City & State

28 32464 USA

Zip

Country

29

30

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

59-3508604

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

9. Name and Address of Current Registered Agent

VANN, PAUL  
ROUTE 2 BOX 383-AA  
WESTVILLE FL 32464

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS CARROLL, J W  
CITY-ST-ZIP ROUTE 2 BOX 1048  
PONCE DE LEON FL 32455

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS BUTTS, BILLY  
CITY-ST-ZIP ROUTE 2 BOX 143  
WESTVILLE FL 32464

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS VANN, PAUL  
CITY-ST-ZIP ROUTE 2 BOX 383-AA  
WESTVILLE FL 32464

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)