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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001799 (2)

1. Corporation Name

THE MATLAND MEN'S CLUB, INC.



Principal Place of Business

Mailing Address

670 NO ORLANDO AVE STE 101
MAITLAND FL 32751

670 NO ORLANDO AVE STE 101
MAITLAND FL 32751

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3458005

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Po Box 947711
Suite, Apt. #, etc.

26 Po Box 947711
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MAITLAND FL
Zip Country

28 MAITLAND FL
Zip Country

24 32794-7711

25

29 32794-7711

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHURM, WILLIAM H
670 NO ORLANDO AVE STE 101
MAITLAND FL 32751

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHURM, WILLIAM
STREET ADDRESS 1148 WINGED FOOT CIRCLE WEST
CITY-ST-ZIP WINTER SPRINGS FL 32708

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME NAGLEE, JACK F
STREET ADDRESS 324 NEEDLES COURT
CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BURRUSS, TOM
STREET ADDRESS 2453 CAROLTON ROAD
CITY-ST-ZIP MAITLAND FL 32751

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME WASMUND, L S
STREET ADDRESS 1200 ORANGE AVENUE
CITY-ST-ZIP CASSELBERRY FL 32707

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SPEER, HARRY
STREET ADDRESS 1140 SOUTH ORLANDO AVE.
CITY-ST-ZIP MAITLAND FL 32751

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GIBBS, MARSHALL A
STREET ADDRESS 1070 DRUID LANE
CITY-ST-ZIP MAITLAND FL 32751

6.1 TITLE
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:

TERESA

1/2/98

407-894-6771

CR2E037 (10/97)