FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	ANNUAL REPORT Soc		Sandra B. Morth Secretary of Sta IVISION OF CORPOR	te		
kon in no kwanan	MENT# P9	40000275	56 (7)			
	CANEER SPORTS CA	r Club, Inc.			E VAANLAAN EIR VANK ANAN AREN AREN	NGAN ABUN BENGBUNGNI NABA BUNBA BUNBA BUNBA
Principal Place	of Business	Mailing Add	ress			
2318 DIAZ PL JACKSONVILLE FL 32210 US		JACKSO	5318 DIAZ PL JACKSONVILLE FL 32210 US			
					3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ice of Business	2a. Mailing <i>l</i> 26	Address		4. FE Number 59-3243690	Applied for Not Applicable
Surte, Apt. #, etc.		27	The decision of the control of the c		5. Certificate of Status Desired	XI \$8.75 Additional Fee Required
City & State		City & S			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζψ) 24	Country 25	. Zip 29]	30	untry 	8. This corporation has liability fo Florida Statutes Ye	s 🖺 No
	9. Name and Address of	Current Registered Ag	ent	81 Name	10. Name and Address of New	Registered Agent
THRNE	R, BARBARA					
5318 DIAZ PLACE					ddress (P.O. Box Number is Not Accepta	une)
	ONVILLE FL 32210			83		
				84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 6	07.0502 and 607.1508, F	londa Statutes, the ab	ove-named cor	poration submits this statement for the ploard of directors. I hereby accept the ap	urpose of changing its registered office
familiar wit	h, and accept the obligations	of, Section 607.0505, Flo			near a circum contents. This rating address that ap	1 /2 /06
SIGNATURE _	Barbara Turner Stgnature, typied or printed han is of regist		Dorpo	d Appent signed me roo	WALL	4/2/96
12.		ERS AND DIRECTORS	13.			FICERS AND DIRECTORS IN 12
TI'LF	RE	K	DELETE 1. 1	TITLE	Regional Executive	Change 🔲 Addition
NAME	CRAFT, HYLER		. 121	NAME	Michael Phillips	
STREET ADDRESS	6645 ALINE RD		133	STREET ADDRESS	117 A Lynan Hall	
CITY - S1 - ZIP	JACKSONVILLE FL	x ,		CHY-SI-ZIF	Savannah, GA 31410 Asst. Regional Execu	YI Change 71 Addition
TITLE NAME	ARE PHILLIPS, MIKE	L J		TITLE VAME	Bill Dennis	tive 🗶 Change 🎛 Addition
STREET ADDRESS	117 A LYMAN HALL			STREET ADDRESS	12258 Marbon Estates	Ln.
CHY-ST-ZIP	SAVANNAH GA		•	CITY-ST ZIF	Jacksonville, FL 32	223
TOLE	ST		DELETE 3.1	TITLE		Change Addition
NAME	TURNER, BARBARA		321	SAME.		
STREET ADDRESS	5318 DIAZ PLACE		33	STHEET ADDRESS		
CITY-S1-7IP	JACKSONVILLE LF			CITY - S1 - ZIP		Change Addition
TITLE NAME	D FIFE, WILLIAM	L		TITLE NAME		□ enguiñs □ worit au
STREET ADDRESS	118 W NICKELSON	CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		441	CITY ST-ZIP		
11'1.6	D	X		TITLE	Director	Change XX Addition
NAME	DENNIS, BILL		521	NAME	Faye Craft	
STREET ADDRESS	12258 MARBON EST	TATE CT		STREET ADDRESS	6645 Aline Road	244
CHY-SI-7IP	JACKSONVILLE FL			CITY-ST ZIP		244
III_F	D CORRITT ILIDA	A		TITLE	Director William Free	Change 🔯 Addition
NAME	CORBITT, JUDY		621	NAME NAME	WIIIIalli riee	

P 0 BOX 1116
RINCON GA

63 STRELL ADDRESS
FIGURE STORM

64 CITY STOZE

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an altachment with an address.

SIGNATURE:

(904) 783-5404

Daytime Phone #

CR2E034 (12/95)