

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 11 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N95000005502 (8)**

1. Corporation Name  
**MALONE COMMUNITY CLUB, INCORPORATED**



Principal Place of Business	Mailing Address
5255 11TH AVENUE MALONE FL 32445	POST OFFICE BOX 330 MALONE FL 32445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/17/1995</b>		3a. Date of Last Report <b>06/11/1996</b>	
2. Principal Place of Business 21 <b>5186 9th Ave.</b>		2a. Mailing Address 26 <b>P.O. Box 176</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>Malone, FL</b>		28 City & State <b>Malone, FL</b>	
24 Zip <b>32445</b>	25 Country <b>Jackson</b>	29 Zip <b>32445</b>	30 Country <b>Jackson</b>
4. FEI Number <b>APPLIED FOR 59-3095483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TORRES, NORMAN A 5315 12TH STREET MALONE FL 32445		81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	

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 Norman A. Torres DATE 9-8-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKAY, SAMUEL</b>	1.2 NAME	
STREET ADDRESS	<b>4985 KILLIS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWOOD FL 32443</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, NORMAN A</b>	2.2 NAME	
STREET ADDRESS	<b>5315 12TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MALONE FL 32445</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOUNT, GENE</b>	3.2 NAME	<b>Smithy, Kermit</b>
STREET ADDRESS	<b>5878 SUNLIGHT RD.</b>	3.3 STREET ADDRESS	<b>P.O. Box 176 15353 12th St.</b>
CITY-ST-ZIP	<b>MALONE FL 32448</b>	3.4 CITY-ST-ZIP	<b>Malone, FL 32445</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Norman A. Torres DATE 9-8-97  
**SIGNATURE REQUIRED**

CR2E037 (4/97)