

FILE NOW: FILING FEE IS \$61.25

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Mar 26 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 # **N97000003549 (9)**

1. Corporation Name

WALNUT HILL RURITAN CLUB, INC.



Principal Place of Business	Mailing Address
2820 HIGHWAY 97 WALNUT HILL FL 32568	2820 HIGHWAY 97 WALNUT HILL FL 32568

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

59-2447713

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Walnut Hill Ruritan Club	28 Send Mail to
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 5024 Arthur Brown Rd.	27 New Reg. Agent
City & State	City & State
23 Walnut Hill, FL.	28
Zip	Country
24 32568	30
25 Esc.	

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

AMERSON, CURTIS
2820 HIGHWAY 97
WALNUT FL 32568

81 Name	Charles McPherson
82 Street Address (P.O. Box Number Is Not Acceptable)	5180 Wiggins Lake Rd
83	
84 City	Walnut Hill, FL
85 Zip Code	32568

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 **Charles McPherson**

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

Charles McPherson (S) **3/17/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, BILLY	
STREET ADDRESS	538/ARTHUR BROWN ROAD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D Key,	<input type="checkbox"/> DELETE
NAME	KAY, GLENN	
STREET ADDRESS	1241 HIGHWAY 164	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	5180 WIGGINS LAKE ROAD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'FARRELL, EVERETTE	
STREET ADDRESS	3841 HIGHWAY 164	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANTON, TERRY	
STREET ADDRESS	5280 WIGGINS LAKE ROAD	
CITY-ST-ZIP	WALNUT FL 32568	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIGGINS, LEE ROY	
STREET ADDRESS	5140 WIGGINS LAKE ROAD	
CITY-ST-ZIP	WALNUT HILL FL 32568	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOM SIMARD
3.3 STREET ADDRESS	6001 HWY 99 S.
3.4 CITY-ST-ZIP	WALNUT HILL, FL 32568
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Everette O'Farrell**

1/20/98 (850) 327-4911

CR2E037 (10/97)