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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 728437

(5)

INDIAN Principal Place 32801 NORTH		Maili	LUB, INC. ing Address 101 NORTH US 441									
SUITE 400 SUITE 400												
OKEECHOBEE	FL 34972-0271	OK	EECHOBEE FL 349	72-0271				3. Date Incorpo	rated or Quali	fied 3	a. Date of Las	t Beport
								12/20/			03/31/	
Principal Pla	ace of Business	2a. N	Mailing Address					4. FEI Number	· · · · · · · · · · · · · · · · · · ·			Applied For
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Suite, Apt. #	#, etc.		Suite, Apt. #, etc.					5. Certificate of	Status Desire	d 🔲		5 Additional
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City & State)	28	City & State					6. Election Cam	. •	ng 🖂		00 May Be
Zip	Country		Zip	Co	untry			Trust Fund C			A00	ed to Fees
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	9. Name and Address of Curre		red Agent	13.1	T		1	0. Name and A				
					81	Name)					
FLEMING	OBRYAN FLEMING PA				82	Street	: Address ((P.O. Box Numb	er is Not Acce	entable)		
500 E BP	ROWARD BLVD FLR 17											
FORT LA	UDERDALE FL 33304				83							
					84	City					85 Z	Ip Code
						•					FL	•
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SIGNATURE: _

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

Davt-me Phone #

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CR2E037 (12/95)

FILE NOW: FILING FEE IS \$61.25

· · NONPROFIT (*** CORPORATION ANNUAL REPORT



* FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

PAGE 2 d2

Zip Code

DIVISION OF CORPORATIONS

1996

DOCUMENT # 728437

(5)

INDIAN HAMMOCK HUNT AND RIDING CLUB, INC.

1					1						
Principal Pla	ace of Business	Mailing Address									
32801 NORTH US 441 32801 N SUITE 400 SUITE 40		32801 NORTH (SUITE 400 OKEECHOBEE			3. Date Incorporated or Qualified 12/20/1973		Last Report				
2. Principal	Place of Business	2a Mailing Addre	200			03/31/1995					
21					4. FEI Number		Applied For				
					59-1529251		Not Applicable				
22 27 City & State City & State 23 28			etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees				
					Election Campaign Financing Trust Fund Contribution	□ \$					
Zip 24	Country 25	Zip _.	30 Cou	untry	This corporation has liability for inta Florida Statutes						
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
FLEMING OBRYAN FLEMING PA 500 E BROWARD BLVD FLR 17 FORT LAUDERDALE FL 33304			81 Name 82 (P.O. Box Number is Not Acceptable) 83								
				84 City		85	Žin 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

	Signature, typed or printed name of registered agent and title if	applicable. (NOTE	NOTE: Registered Agent signature recurred when reinstating) DATE						
12.	OFFICERS AND DIRE	CTORS	13,		O TOTAL SECTION OF THE SECTION OF TH				
TITLE	D	['DELETE	1.1 TITLE	D	Change	XXAddition			
: NAME	SCHARF, DAVID		1.2 NAME	Chuck Howard	- Change	1-1-4001000			
STREET ADDRESS	71 SE 11TH STREET		1.3 STREET ADDRESS	32801 Highway 441 N. #267					
CITY - ST - ZIP	POMPANO BCH, FL 33060		1 4 CITY - ST - ZIP	Okeechobee, FL 34972					
. TITLE	T	XXDELETE	21 TITLE	D	Change	de la constante de la constant			
MAME	LASSITER, SALLY A		2.2 NAME	John Hume	□ Change	XXAdd-bon			
. STREET ADORESS	32801 N HWY 441		2 3 STREET ADDRESS	5941 N.E. 15th Avenue					
CITY-ST-ZIP	OKEECHOBEE FL		2. 4 CITY - ST - ZIP	Ft. Lauderdale, FL 33334					
TITLE	Р	DELETE	3.1 TITLE	D	Change	Adoition			
NAME	HUEBNER, JULIA		32 NAME	Shirley Durrance Hunt	Onlinge	Addition			
STREET ADDRESS	455 BONTONA AVENUE		3.3 STREET ADDRESS	8085 24th Street					
CITY - ST - ZIP	FT. LAUDERDALE FL		3.4 CITY+ST-ZIP	Vero Beach, FL 32966					
TITLE	PD	DELETE	4.1 TITLE	D	Change	KXAdd ton			
NAME	DOVER, W.D.		4. 2 NAME	Raymond Jones					
STREET ADDRESS	2300 HAMMOCK LANE		4 3 STREET ADDRESS	32801 Highway 441 N. #47					
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		4 4 CITY-ST-ZIP	Okeechobee, FL 34972					
TITLE	VD	XX DELETE	5.1 TITLE	D	Change	XX-dation			
NAME	WHITING, LEWIS		5.2 NAME	Ken Jordan	C) ondings	MACCOLON			
STREET ADDRESS	32801 N HWY 441 #174		5 3 STREET ADDRESS	32801 Highway 441 N. #87					
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZIP	Okeechobee, FL 34972					
TITLE	V	XXDELETE .	6.1 TITLE		Change	Acton			
NAME	LASSITER, JAMES F		6.2 NAME		- country	Aucton			
STREET ADDRESS	32801 N. US 441 #44		6.3 STREET ADDRESS						
CITY-ST-ZIP	OKEECHOBEE FL 34972		6 4 CITY - ST - ZIP						

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE