

FILE NOW: FILING FEE IS \$61.25

pg 1 of 2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **728437** (5)

1. Corporation Name

INDIAN HAMMOCK HUNT AND RIDING CLUB, INC.



Principal Place of Business

Mailing Address

**32801 NORTH US 441
SUITE 400
OKEECHOBEE FL 34972-0271**

**32801 NORTH US 441
SUITE 400
OKEECHOBEE FL 34972-0271**

3. Date Incorporated or Qualified
12/20/1973

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1529251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. 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 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 **D** ☐ DELETE
NAME **SCHARF, DAVID**
STREET ADDRESS **71 SE 11TH STREET**
CITY-ST-ZIP **POMPANO BCH, FL 33060**

TITLE **T** ☒ DELETE
NAME **LASSITER, SALLY A**
STREET ADDRESS **32801 N HWY 441**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **P** ☒ DELETE
NAME **HUEBNER, JULIA**
STREET ADDRESS **455 BONTONA AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☐ DELETE
NAME **DOVER, W.D.**
STREET ADDRESS **2300 HAMMOCK LANE**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **VD** ☒ DELETE
NAME **WHITING, LEWIS**
STREET ADDRESS **32801 N HWY 441 #174**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **V** ☒ DELETE
NAME **LASSITER, JAMES F**
STREET ADDRESS **32801 N. US 441 #44**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **William Gates**
1.3 STREET ADDRESS **32801 Highway 441 N. #293**
1.4 CITY-ST-ZIP **Okeechobee, FL 34972**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Bill Gates**
2.3 STREET ADDRESS **32801 Highway 441 N. #85**
2.4 CITY-ST-ZIP **Okeechobee, FL 34972**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Sandra Eckhardt**
3.3 STREET ADDRESS **2402 Leon Avenue**
3.4 CITY-ST-ZIP **Vero Beach, FL 32960**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Charles Whipple**
4.3 STREET ADDRESS **32801 Highway 441 N. #48**
4.4 CITY-ST-ZIP **Okeechobee, FL 34972**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Lapsley R. Caldwell**
5.3 STREET ADDRESS **32801 Highway 441 N. #147**
5.4 CITY-ST-ZIP **Okeechobee, FL 34972**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Edward T. Foster**
6.3 STREET ADDRESS **1050 Hollywood Boulevard**
6.4 CITY-ST-ZIP **Hollywood, FL 33019**

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/96

CR2E037 (12/95)

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Florida Statutes

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82 P.O. Box Number is Not Acceptable

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SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

| | | |
|----------------|-------------------------|------------|
| TITLE | D | [X] DELETE |
| NAME | SCHARF, DAVID | |
| STREET ADDRESS | 71 SE 11TH STREET | |
| CITY-ST-ZIP | POMPAHO BCH, FL 33060 | |
| TITLE | T | [X] DELETE |
| NAME | LASSITER, SALLY A | |
| STREET ADDRESS | 32801 N HWY 441 | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | P | [X] DELETE |
| NAME | HUEBNER, JULIA | |
| STREET ADDRESS | 455 BONTONA AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | PD | [X] DELETE |
| NAME | DOVER, W.D. | |
| STREET ADDRESS | 2300 HAMMOCK LANE | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 | |
| TITLE | VD | [X] DELETE |
| NAME | WHITING, LEWIS | |
| STREET ADDRESS | 32801 N HWY 441 #174 | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | V | [X] DELETE |
| NAME | LASSITER, JAMES F | |
| STREET ADDRESS | 32801 N. US 441 #44 | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | |

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Chuck Howard | |
| 1.3 STREET ADDRESS | 32801 Highway 441 N. #267 | |
| 1.4 CITY-ST-ZIP | Okeechobee, FL 34972 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | John Hume | |
| 2.3 STREET ADDRESS | 5941 N.E. 15th Avenue | |
| 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33334 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Shirley Durrance Hunt | |
| 3.3 STREET ADDRESS | 8085 24th Street | |
| 3.4 CITY-ST-ZIP | Vero Beach, FL 32966 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Raymond Jones | |
| 4.3 STREET ADDRESS | 32801 Highway 441 N. #47 | |
| 4.4 CITY-ST-ZIP | Okeechobee, FL 34972 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Ken Jordan | |
| 5.3 STREET ADDRESS | 32801 Highway 441 N. #87 | |
| 5.4 CITY-ST-ZIP | Okeechobee, FL 34972 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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SIGNATURE: