

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90012 023 \*\*\*122.50

**DOCUMENT # 728437**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/20/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1529251

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

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 VD ☒ DELETE  
NAME KELLER, JOHN  
STREET ADDRESS 32801 HIGHWAY 441 N #293  
CITY-ST-ZIP OKEECHOBEE FL 34972

1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME Jones, Raymond  
1.3 STREET ADDRESS 32801 Highway 441 N #47  
1.4 CITY-ST-ZIP Okeechobee, FL 34972

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

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MILLER, COREY  
STREET ADDRESS 32801 HWY 441 N., #48  
CITY-ST-ZIP OKEECHOBEE FL 34972

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 32801 HWY 441 N. #224  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WHIPPLE, CHARLES  
STREET ADDRESS 32801 HIGHWAY 441 N #48  
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME STRACENER, MARY  
STREET ADDRESS 5401 HANCOCK RD.  
CITY-ST-ZIP MIAMI FL 33330

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME HUME, JOHN  
STREET ADDRESS 5941 N.E. 15TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE D ☒ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)