

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766733 (0)

1. Corporation Name

MILL SWAMP STILL HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 1536
109 BARBER AVENUE
CROSS CITY FL 32628-1536
US

P O BOX 1536
109 BARBER AVENUE
CROSS CITY FL 32628-1536
US

3. Date Incorporated or Qualified
01/27/1983

3a. Date of Last Report
02/07/1995

21. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

4. FEI Number 592627042
NOT APPLICABLE

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

THOMAS, J DOYLE
109 BARBER AVENUE
P.O. BOX 340
CROSS CITY FL 32628

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMAS, J DOYLE	
STREET ADDRESS	109 BARBER AVENUE	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POWELL, TIMMY	
STREET ADDRESS	RT 1 BOX 273-2	
CITY-ST-ZIP	BELL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARBER, MARTIN C	
STREET ADDRESS	P.O. BOX 1146 N/A	
CITY-ST-ZIP	CROSS CITY, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROLLISON, DWAYNE	
STREET ADDRESS	P O BOX 1436 CYPRESS N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETRIKA, EDDIE	
STREET ADDRESS	P.O. BOX 219 N/A	
CITY-ST-ZIP	CROSS CTIY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOAH, ANTHONY C	
STREET ADDRESS	P.O. BOX 1853 N/A	
CITY-ST-ZIP	CROSS CITY FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FUTCH, RONNIE
4.3 STREET ADDRESS	PO BOX 1603 VALENTINE RD
4.4 CITY-ST-ZIP	CROSS CITY, FL 32628
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HORNE, WAYNE
5.3 STREET ADDRESS	25401 TRADE W DRIVE
5.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LILES, JARRETT
6.3 STREET ADDRESS	PO BOX 340 HORSE SHOE RD
6.4 CITY-ST-ZIP	CROSS CITY, FL 32628

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: *Martin C Barber* ST 3/15/96 (352) 498-5184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)