## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

MILL SWAMP STILL HUNTING CLUB, INC.

## **FILED** Mar 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									e camini empla acted peril empar el	183 IIII 819II 818	!! <b>B!</b> !!! <b>B</b>	i pil biş	ii Bidii ighi
P O BOX 1536				P O BOX 1536				-	3. Date Incorporated or Qualifie	d			
109 BARBER AVENUE				109 BARBER AVENUE					01/27/1983	u			
CROSS CITY FL 32628-1536				CROSS CITY FL 32628-1536 US				<b>-</b>	4. FEI Number			Apı	olied For
05				03				1	59-2627042		-		Applicable
2. Principal P	lace of Busin	ness	2a. 1	2a. Mailing Address				1			\$R		dditional
21			26	26					5. Certificate of Status Desired	ш			quired
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing		\$5.0	00 M	ay Be
22			27						Trust Fund Contribution			ed to	
City & State				City & State				- 1	7. Is this nonprofit corporation a homeowners association?				
23			28						☐ Yes 🔀 No				
Zip	Country		— — — — — — — — — — — — — — — — — — —		Country		i	8. This corporation owes or has					
24	25 9. Name and Address of Curr		29 nt Registe			1			Personal Property Tax due June 30. Yes K No  10. Name and Address of New Registered Agent				
	alla Address Of Carre	iit noglete	TOU AGOIL		81	Name		V. Hame the Address of Hen	nograter ou r	Agoin			
140 I C	SIDNEY J.												
				82 Street A			Address	(P.O. Box Number is Not Accept	table)				
101 STRAWBERRY LANE P.O BOX 627													
CROSS CITY FL 32628						Ш							
C1000 011 1 E 32020						84	City			FL	85	Zip C	ode
11. Pursuant	ons of Sections 617.05	02 and 617	1.1508, Florida Statu	tes, the a	DOVE	-named	corpora	tion submits this statement for the	e purpose of	changi	ng its	registered	
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		and accept the care	,										
SIGNATURE	or printed name of registered ag	ent and title if	applicable. (NO	TE: Registere	d Age	nt signature	e required w	hen reinstating)	DATE				
12.	· · · · · · · · · · · · · · · · · · ·			-		13.			ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	P	Adhadan J		☐ DELETE	1.1 1						☐ Cha	nge	Addition
NAME	-	SIDNEY J.		•		1.2 NAME							
STREET ADDRESS	ODOGG OFFICE						1.3 STREET ADDRESS						
CITY-ST-ZIP	UKUSS	CITY FL		DELETE	1.4 CI		T- ZIP	<del> </del>		<del></del>	Obe		A delica o
TITLE	V V	COANIZINI O		- DECEIE	2.1 Ti			1			L Cha	nge	☐ Addition
NAME	MCINNIS, FRANKLIN D. HORSESHOE ROAD					2.2 NAME 2.3 STREET ADDRESS		1					
STREET ADDRESS		CITY FL						1					
CITY-ST-ZIP	ST	UIII FL		T-4			2. 4 CITY-ST-ZIP 3.1 TITLE				☐ Cha	nne	Addition
TITLE NAME	BARBER, MARTIN C			<del></del>			3.2 NAME			•			reconton
STREET ADDRESS	DO DOM ALAO MIA						3.3 STREET ADDRESS						ļ
CITY-ST-ZIP	CROSS CITY, FL 00000			i			3.4. CITY-ST-ZIP						
TITLE	D			DELETE	4.1 Ti		M T AR	+			☐ Cha	nge	Addition
NAME	_	RONNIE			4.2 N							-	
STREET ADORESS	A A BANK ARRA MALANTAN BA			<b>1</b> " -			4.3 STREET ADDRESS						
CITY-ST-ZIP	CROSS CITY FL						T-ZIP						
TITLE	D			DELETE	5.1 10			<del> </del>			☐ Chai	nge	Addition
NAME	HORNE.	WAYNE			5.2 N	ME							
STREET ADDRESS		RADE W DRIVE			5.3 ST	REET	address						ŀ
CITY-ST-ZIP	LAND-O	-LAKES FL			5.4 Cf	TY-S1	T- <b>Z</b> IP						
TITLE	D	•		☐ DELETE	6.1 Ti			1			Chai	nge	Addition
NAME	LILES, J				6.2 NA	ME							ļ
STREET ADDRESS		X 340 HORSESHOE	ROAD		6.3 ST	REET	ADDRESS	]					
CITY-ST-ZIP	CROSS	CITY FL			6.4 CI	TY-SI	T•ZIP						

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.

MARTIN C BARBER