

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16390** (9)

1. Corporation Name

POND CREEK HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

C/O WASTLE SPEARS
ROUTE 2 BOX 403
MILTON FL

C/O WASTLE SPEARS
ROUTE 2 BOX 403
MILTON FL

3. Date Incorporated or Qualified
08/18/1986

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2878070

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

**SPEARS, WASTLE
ROUTE 2 BOX 403
MILTON FL 32571**

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 | PD | <input type="checkbox"/> DELETE |
| NAME | SPEARS, WASTLE | |
| STREET ADDRESS | ROUTE 2 BOX 403 | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PINKARD, JACK | |
| STREET ADDRESS | ROUTE 3 BOX 212 | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | PENTON, GROVER | |
| STREET ADDRESS | RT. 3 BOX 214 | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TRICKEY, CARL | |
| STREET ADDRESS | 9 EDMONT DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MESSIC, SAMUAL | |
| STREET ADDRESS | RT. 6, BOX 267 | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MILLER, ALLAN | |
| STREET ADDRESS | 2050 HWY 182 | |
| CITY-ST-ZIP | JAY FL | |

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Chuck Smith | |
| 1.3 STREET ADDRESS | 130 Hancock Ln. | |
| 1.4 CITY-ST-ZIP | Pensacola, Fl. 32503 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Johnny Bloodworth | |
| 2.3 STREET ADDRESS | 6360 Nashville Ave. | |
| 2.4 CITY-ST-ZIP | Pensacola, Fl. 32526 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | D.C. Salter | |
| 3.3 STREET ADDRESS | Rt 2 Box 397 | |
| 3.4 CITY-ST-ZIP | Milton, Fl. 32571 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Larry Stover | |
| 4.3 STREET ADDRESS | 433 Rhonda St. | |
| 4.4 CITY-ST-ZIP | Pensacola, Fl. 32534 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 as an attachment with an address.

SIGNATURE:

J.G. Penton

J.G. Penton

4-19-96

904-6756433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E037 (12/95)