

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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 32571-8100**

3. Date Incorporated or Qualified **08/18/1986** 3a. Date of Last Report **04/25/1996**  
4. FEI Number **59-2878070** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SPEARS, WASTLE  
ROUTE 2 BOX 403  
MILTON FL 32571**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>VD</b>
NAME	<b>SPEARS, WASTLE</b>	1.2 NAME	<b>PINCKARD, JACK</b>
STREET ADDRESS	<b>ROUTE 2 BOX 403</b>	1.3 STREET ADDRESS	<b>1675 Penton Road</b>
CITY-ST-ZIP	<b>MILTON FL</b>	1.4 CITY-ST-ZIP	<b>MILTON, FL 32570</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>STD</b>
NAME	<b>PINKARD, JACK</b>	2.2 NAME	<b>MILLER, ALAN</b>
STREET ADDRESS	<b>ROUTE 3 BOX 212</b>	2.3 STREET ADDRESS	<b>3625 HIGHWAY 182</b>
CITY-ST-ZIP	<b>MILTON FL</b>	2.4 CITY-ST-ZIP	<b>JAY, FL 32565</b>
TITLE	<b>STD</b>	3.1 TITLE	<b>D</b>
NAME	<b>PENTON, GROVER</b>	3.2 NAME	<b>STOVER, LARRY</b>
STREET ADDRESS	<b>RT. 3 BOX 214</b>	3.3 STREET ADDRESS	<b>433 RONDA STREET</b>
CITY-ST-ZIP	<b>MILTON FL</b>	3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32534</b>
TITLE	<b>D</b>	4.1 TITLE	<b>D</b>
NAME	<b>TRICKEY, CARL</b>	4.2 NAME	<b>SALTER, DICK</b>
STREET ADDRESS	<b>9 EDMONT DRIVE</b>	4.3 STREET ADDRESS	<b>ROUTE 2, BOX 397</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	<b>MILTON, FL 32571</b>
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>CHUCK SMITH</b>	5.2 NAME	
STREET ADDRESS	<b>130 HANCOCK LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>MILLER, ALLAN</b>	6.2 NAME	
STREET ADDRESS	<b>2050 HWY 182</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JAY FL</b>	6.4 CITY-ST-ZIP	

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PINCKARD, JACK</b>	
1.3 STREET ADDRESS	<b>1675 Penton Road</b>	
1.4 CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
2.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MILLER, ALAN</b>	
2.3 STREET ADDRESS	<b>3625 HIGHWAY 182</b>	
2.4 CITY-ST-ZIP	<b>JAY, FL 32565</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STOVER, LARRY</b>	
3.3 STREET ADDRESS	<b>433 RONDA STREET</b>	
3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32534</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SALTER, DICK</b>	
4.3 STREET ADDRESS	<b>ROUTE 2, BOX 397</b>	
4.4 CITY-ST-ZIP	<b>MILTON, FL 32571</b>	
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 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.

SIGNATURE: *Alan M. Miller* **REQUIRED** 3-19-97 904-623-7181 ext. 53  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074524

CR2E037 (9/96)