

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
95 JUL -7 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # N20516 (3)**

1. Corporation Name  
**LAFAYETTE COUNTY HUNTING CLUB, INC.**

Principal Place of Business Mailing Address  
**C/O HELEN GONZALEZ  
BOX 208  
MAYO FL 32066** **C/O HELEN GONZALEZ  
BOX 208  
MAYO FL 32066**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1987** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2803115** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
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 **C/o John T. Bell** 26 **P.O. Box 208**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Rt. 1, Box 523** 27  
City & State City & State  
23 **MAYO, FLA.** 28 **MAYO, FLA.**  
Zip Country Zip Country  
24 **32066** 25 **US** 29 **32066** 30 **US**

9. Name and Address of Current Registered Agent  
**HELEN GONZALEZ  
RT-3, BOX 166  
MAYO FL 32066**

10. Name and Address of New Registered Agent  
81 Name **John T. Bell**  
82 Street Address (P.O. Box Number is Not Acceptable) **Rt. 1, Box 523**  
83 ~~P.O. Box 208 Hwy 251-B~~  
84 City **MAYO** FL 85 Zip Code **32066**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **John T. Bell** *John T. Bell* DATE: **4/27/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>President PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOLSOM, EDGAR SR</b>	1.2 NAME	<b>O'Steen, Foye</b> corner of
STREET ADDRESS	<b>RT 3 BOX 307 N/A</b>	1.3 STREET ADDRESS	<b>P.O. Box 496, Hart and Laure St.</b>
CITY - ST - ZIP	<b>MAYO FL</b>	1.4 CITY - ST - ZIP	<b>MAYO FL 32066</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>Vice President VO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'STEEN, FOYE</b>	2.2 NAME	<b>Folsom, Manuel</b>
STREET ADDRESS	<b>P O BOX 496 N/A</b>	2.3 STREET ADDRESS	<b>Rt. 3, Box 287 N/A</b>
CITY - ST - ZIP	<b>MAYO FL</b>	2.4 CITY - ST - ZIP	<b>MAYO FL 32066</b>
TITLE	<b>STD</b>	3.1 TITLE	<b>Secretary/treasurer STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, HELEN</b>	3.2 NAME	<b>John T. Bell</b>
STREET ADDRESS	<b>RT 3 BOX 166 US HWY 27 N</b>	3.3 STREET ADDRESS	<b>Rt. 1, Box 523 Hwy 251B, Santa Acres</b>
CITY - ST - ZIP	<b>MAYO FL</b>	3.4 CITY - ST - ZIP	<b>MAYO FL 32066</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: **John T. Bell** *John T. Bell* DATE: **4/27/95** TELEPHONE: **904-294-3301**  
Signature and typed or printed name of signing officer or director