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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32402 (2)

1. Corporation Name

THE NORTH PINEVILLE SPORTSMAN CLUB, INC.



Principal Place of Business

Mailing Address

C/O W.E. JOHNSON, JR.
P. O. BOX 639
GONZALEZ FL 32560
US

C/O W.E. JOHNSON, JR.
P. O. BOX 639
GONZALEZ FL 32560
US

3. Date Incorporated or Qualified
05/19/1989

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, W.E., JR.
1200 HWY 29 S.
CANTONMENT FL 32533

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 ☐ DELETE

NAME JOHNSON, W.E., JR.
STREET ADDRESS 1200 HWY 29 S.
CITY-ST-ZIP CANTONMENT FL

TITLE VD ☐ DELETE

NAME JOHNSON, W.H.
STREET ADDRESS 9700 HILLVIEW DR.
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME GAY, ROBERT
STREET ADDRESS 30 S. 65TH AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME HENDERSON, ARCH
STREET ADDRESS 7496 FLOYD DR.
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ DELETE

NAME ETHERIDGE, W.R.
STREET ADDRESS 6900 PENTON DR.
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 on an attachment with an address.

SIGNATURE:

W. E. JOHNSON JR.

1-17-96 904-968-0933

CR2E037 (12/95)