

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35323 (7)
1. Corporation Name
OCHESSEE SPORTSMAN CLUB, INC.



Principal Place of Business RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424	Mailing Address RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424-8517
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3. Date Incorporated or Qualified 11/22/1989	3a. Date of Last Report 08/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARFIELD, BENNY E.
RT. 2, BOX 733R
COUNTY ROAD 194
BLOUNTSTOWN FL 32424

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MOLTON, LAMAR
STREET ADDRESS	P.O. BOX N/A <i>2102 River Rd Sneads Sneads FL 32460</i>
CITY-ST-ZIP	SNEADS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BARFIELD, PHILLIP
STREET ADDRESS	RT. 2, BOX 87 <i>street address NA</i>
CITY-ST-ZIP	ALPHA FL 32421
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCLAMMA, WADE
STREET ADDRESS	P O BOX 723 <i>114 middle Run DR Sneads, FL 32460</i>
CITY-ST-ZIP	SNEADS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TRICKEY, ALLEN
STREET ADDRESS	HWY 274W <i>street address NA</i>
CITY-ST-ZIP	ALPHA FL 32421
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, JOEL
STREET ADDRESS	2357 HUMMINGBIRD DR
CITY-ST-ZIP	MARIANNA FL 32446
TITLE	D <input type="checkbox"/> DELETE
NAME	BARFIELD, BENNY
STREET ADDRESS	RT. 2, BOX 733R <i>County Rd 194</i>
CITY-ST-ZIP	BLOUNTSTOWN FL 32424

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barfield, Jarrod
2.3 STREET ADDRESS	Rt 2 733R county rd 194
2.4 CITY-ST-ZIP	Blountstown, FL 32424
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 _____ DATE *6/30/97*

CR2E037 (9/96)