

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N35323 (7)**  
 1. Corporation Name  
**OCHESSEE SPORTSMAN CLUB, INC.**

**FILED**  
 98 OCT 20 AM 10:58



Principal Place of Business Mailing Address  
 RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified  
**11/22/1989**  
 4. FEI Number  
**NOT APPLICABLE**

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 \_\_\_\_\_ DATE \_\_\_\_\_  
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>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOLTON, LAMAR</b>	1.2 NAME	<b>Hollis, Bennie</b>
STREET ADDRESS	<b>2102 RIVER RD</b>	1.3 STREET ADDRESS	<b>PO Box 418 - Hwy 71S</b>
CITY-ST-ZIP	<b>SNEADS FL</b>	1.4 CITY-ST-ZIP	<b>Altha, FL 32421</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARFIELD, JARROD</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 733R COUNTY ROAD 194</b>	2.3 STREET ADDRESS	<b>800002671728--2</b>
CITY-ST-ZIP	<b>BLOUNTSTOWN FL</b>	2.4 CITY-ST-ZIP	<b>-10/26/98-01003-015</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLAMMA, WADE</b>	3.2 NAME	
STREET ADDRESS	<b>114 MIDDLE RUN DR</b>	3.3 STREET ADDRESS	<b>****70.00 ****70.00</b>
CITY-ST-ZIP	<b>SNEADS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRICKEY, ALLEN</b>	4.2 NAME	
STREET ADDRESS	<b>HWY 274W</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTHA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JOEL</b>	5.2 NAME	
STREET ADDRESS	<b>2357 HUMMINGBIRD DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARFIELD, BENNY</b>	6.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 733R COUNTY RD 194</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL</b>	6.4 CITY-ST-ZIP	

14. I 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: *Benny E. Barfield* **Benny E Barfield** 7-28-98 850-674-5216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011869  
CR2E037 (5/98)