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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50425

1. Corporation Name
FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 638 ALTOONA FL 32702	P.O. BOX 638 ALTOONA FL 32702

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/13/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3135704 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, JIMMIE E 25700 SE HWY STE 42 UMATILLA FL 32784	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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, SONNY		1.2 NAME		
STREET ADDRESS	1520 OLD EAGEL LAKE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, TILLMAN		2.2 NAME		
STREET ADDRESS	2505 KINGSLAND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAJOR, MACK		3.2 NAME		
STREET ADDRESS	516 SUWANNE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRUBBS, EMORY		4.2 NAME		
STREET ADDRESS	RT 1 BOX 372		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DAN		5.2 NAME		
STREET ADDRESS	6202 RANIER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAJOR, STEVE		6.2 NAME		
STREET ADDRESS	3112 N. JULIA CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DAN T. MOORE 1/10/99 (407) 298-5615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)