

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004965
1. Corporation Name **ROCKY BRANCH HUNTING CLUB INC.**
ROCKY BRANCH HUNTING CLUB INC.

Principal Place of Business Mailing Address

**4171 ROCKY BRANCH ROAD
CANTONMENT, FLORIDA 32533**

3. Date Incorporated or Qualified 10 - 18 - 1995
3a. Date of Last Report

21 2. Principal Place of Business	26 2a. Mailing Address	4 FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt #, etc	5 Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6 Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8 This corporation has liability for intangible tax under s. 199.032 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRED T. JOHNSON
4171 ROCKY BRANCH ROAD
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 **FRED T. JOHNSON "PRESIDENT"** DATE **4 - 9 - 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <i>P.</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED T. JOHNSON	1.2 NAME	
STREET ADDRESS	4171 ROCKY BRANCH ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT, FL. 32533	1.4 CITY - ST - ZIP	
TITLE	VICE PRESIDENT <i>V.P.</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID FOSTER	2.2 NAME	
STREET ADDRESS	4001 ROCKY BRANCH ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT, FL. 32533	2.4 CITY - ST - ZIP	
TITLE	SECT/ TRES. <i>S/T</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAYE JOHNSON	3.2 NAME	
STREET ADDRESS	4171 ROCKY BRANCH ROAD,	3.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT, FL. 32533	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	500001832205
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-05/21/96--0000--0001
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***70.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Fred T. Johnson* FRED T. JOHNSON DATE: **4-9-96** (904) 587-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E037 (12/95)

5-26-96
JR