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06-01-1999 90026 031 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



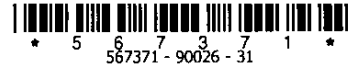
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001798

1. Corporation Name
THOMAS CREEK SPORTSMAN'S CLUB, INC.

Principal Place of Business
2817 TEN MILE ROAD
PACE FL 32571

Mailing Address
2817 TEN MILE ROAD
PACE FL 32571



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 265-89 912	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LACOSTE, S. SCOTT 2817 TEN MILE ROAD PACE FL 32571				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, MARION O	1.2 NAME	
STREET ADDRESS	8093 CHUMUCKLA HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOSTE, S. SCOTT	2.2 NAME	
STREET ADDRESS	2817 TEN MILE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, LAVERNE	3.2 NAME	
STREET ADDRESS	8849 GIN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, STEPHEN	4.2 NAME	
STREET ADDRESS	8427 GIN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTON, GREG	5.2 NAME	
STREET ADDRESS	7600 DEWEY JERNIGAN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Andrew Carnley
STREET ADDRESS		6.3 STREET ADDRESS	2608 Hwy 182
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pace FL 32571

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____

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CR2E037 (11/98)