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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P08075 1. Corporation Name

(4)

HOMOSASSA FISHING CLUB OF GEORGIA, INC.

Principal Plac	ce of Business	Ma	ailing Address					CAMILLO 111 - 3 15 15 15 15 15 15 15	SECIENT BISH W		
C/O F.B. MEW 2195 NORCROS NORCROSS GA	SS TUCKER RD.	1100) KENDALL J. ZELIFF. 10 PEACHTREE ST. NE. LANTA GA 30309-4520		050			3. Date Incorporated or Qualifi	ied		
US	N 30071	US	MININ ON SOUD-FOLD					4. FEi Number			pplied For
								58-0599447		N	ot Applicable
	Place of Business		Mailing Address					5. Certificate of Status Desired			Additional
Suite, Apt.	# ata	26	Suite, Apt. #, etc.				_	- C. V. C. Santa Farada			equired
22 Suite, Apr.	#, etc.	27	Sulle, Apr. #, erc.					Election Campaign Financin Trust Fund Contribution	ıg 🖂	\$5.00 Added t	
City & State	le		City & State				-	7. Is this nonprofit corporation			
23		28	•					and the transference and become		☐ No	
Zip	Country		Zip	Cou	ıntry		- 1	8. This corporation owes or has			
24	25	29		30				Personal Property Tax due J			KNo.
-	9. Name and Address of Cur	rent Regist	ered Agent		81	Nama	1	0. Name and Address of New	v Registered	Agent	
2711117				- 1	81	Name					
	ELL, CLARK A	•		ļ	82	Street A	Address	(P.O. Box Number is Not Acce	ptable)		
	EN, STILLWELL & PERRIN, P.A	4.		ŀ	83						
	HWY 41 SOUTH ESS FL 32650										
HAACUTAE	E99 LT 95000				84	City				85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 61	7.1508. Florida Statul	tes. the al	bove-	-named o	corporat	tion submits this statement for the	he purpose (I I I I I I I I I I I I I I I I I I I	ts registered
office or re	to the provisions of Sections 617.0 registered agent, or both, in the St am familiar with, and accept the ob	ate of Florid	a. Such change was	authorized	d by	the corp	oration's	s board of directors. I hereby ac	ccept the ap	pointment as	registered
	m familiar with, and accept the or	Mgallons or,	Section 617.0003, 1 ii	.01 الم حريد	luita.	-					
SIGNATURE _	Signature, typed or printed name of registered	agent and title if	A 100					has salastation)			
			rapplicable. (NU)	TE: Registeret	d Agen	nt signature r	tedrited m	ren reinstaurig)	DATE		
12.		AND DIREC	TORS	12: Registered	d Agen	nt signature n	required wi	ADDITIONS/CHANGES TO OF			
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6. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 eath; 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.

CICNIATUDE.

Indew INELEM SED

1/12/98

FILED

Jan 22 1998 8:00am

Secretary of State

404-273-2211