FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 T.S

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N94000000966 (1)**

1. Corporation Name

THE OAKRIDGE HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4598 PENSACOLA FL 32507	P.O. BOX 4598 PENSACOLA FL 32507

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2000 CAIRO st.	26 2000 Cairo St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola, Fl. 32507	City & State 28 Pensacola, Fl.
Zip 24 32507 Country 25 ESCAMBIA	Zip 29 32507 Country 30 ESCAMBIA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, ALLEN
5905 KENDALL AVENUE
PENSACOLA FL 32506

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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, ALLEN	12 NAME	
STREET ADDRESS	5905 KENDALL AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	HOFFMAN, IVAN	22 NAME	Jacobs, Bruce
STREET ADDRESS	8201 MEIR HENRY ROAD	23 STREET ADDRESS	11155 Bridgecreek DR.
CITY-ST-ZIP	PENSACOLA FL 32506	24 CITY-ST-ZIP	Pensacola, Fl. 32506
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	INGRAHAM, JERRY	32 NAME	
STREET ADDRESS	1026 TRENTON DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HALL, RAY	42 NAME	
STREET ADDRESS	2000 W CAIRO STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	INGRAHAM, DAVID	52 NAME	
STREET ADDRESS	1026 TRENTON DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	RACKARD, JOE	62 NAME	Reed, James
STREET ADDRESS	6630 WONDERLAKE ROAD	63 STREET ADDRESS	177 Seminole TR.
CITY-ST-ZIP	PENSACOLA FL 32526	64 CITY-ST-ZIP	Pensacola, Fl. 32506

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)(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: Jerry R. Ingraham Jerry R. Ingraham Sec+Tre. 4-27-95 904 469 0550
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0071107