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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600004542 (4)

BREEDING GROUND STILL HUNT CLUB, INC.



97 MAY -1 PH 1:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	e of Business	Mailing Add	dress			i jādiķai ain lailā diķii dālii dal	I	MENNI MINI MINI	10 1101 1001	
618 PLANTATION ROAD 618 PLANTATION ROAD PERRY FL 32347 PERRY FL 32347-6246						·				
						3. Date Incorporated or Qualifie 08/30/1996	d 3a. Dat	e of Last Re	port	
2. Principal F	Place of Business	2a. Mailing	Address			4. EEI Number)	Apr	olied For	
21		26				59-3351903			Applicable	
Suite, Apt.		27				5. Certificate of Status Desired	Fee Required			
City & Stal		City & S 28	itate			Election Campaign Financing Trust Fund Contribution		\$5.00 l Added to		
Zip	Country	Zip		Country	1	8. This corporation has liability			199.032,	
24	25]	29 29 29 29 29 29 29 29 29 29 29 29 29 2		30		Florida Statutes 10. Name and Address of New		No		
	9, Name and Address	s of Current Registered Ag	ent	81	Name		Ualistatan V	Aguir		
DILLE W	MI I PALA 107				111 6	- Blue				
BLUE, WILLIAM W 806 NORTH WASHINGTON STREET				82	Street Add	less (P.A. Box Number is Not Accept	table)			
PERRY F		NECI		83	410	7 7011 1011 1011	<i></i>			
1 611111 1	L OLO II			-	~~			Tabl Fin C		
				84	Peri	ly	FL	85 32	2347	
11. Pursuant	to the provisions of Section	ons 617.0502 and 617.1508,	Florida Statute	s, the abov	e-named con	poration submits this statement for th	e purpose of	changing its	registered	
office or i agent 1 a	registered agent, or both, am familiar with, and acce	in the State of Florida. Such pt the obligations of, Section	change was at 617.0503, Flo	ithorized by ida Statute	/ the corpora s.	tion's board of directors. I hereby ac	cept the appo	intment as r	egistered	
SIGNATURE	WEBL	ne	4/	30/91	,					
	TTINE THE TOTAL TOTAL	of registered agent and tills if applicable	. (NOTE		ent signature requi	ired when reinstating)	DATE		~ II. 16	
12.	,	FICERS AND DIRECTORS	DELETE.	13.	\	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR		
TITLE	D NEW TOLKNING		DELETE	1.1 TITLE	17/	easurer, Director ARRY Hodges oute 4, Box 614	_	Unange	Addition	
NAME	NEWELL, JOHNNY	MOIOUT DOAD		1.2 NAME		ARRY HOUSES	BOYA	Road		
STREET ADDRESS	ROUTE 5, BOX 52 V PERRY FL 32347	עאטא וואטאזי			ADDRESS R	PERRY, FL 323	47			
CHY-ST-ZIP	D	<u> </u>	DELETE	1.4 CITY-1 2.1 TITLE	51 · ZIP	ERRY IFE DO		Change	Addition	
NAME	SLAUGHTER, JIMMY	<i>'</i>	OLCLIC	2.2 NAME	,	والمنافق والمنافق والمنافق والمنافق فالمراوع				
	ROUTE 5, BOX 356			2.3 STREET	Annoncee	500 <u>002</u> 500 <u>002</u>		1027		
_STREET ADDRESS	PERRY FL 32347	SCAUGITIEN NOAD		2.4 CITY-	1	-05/05	61.25	ምምምምምር 111በ	1 3C	
TITLE \	D		DELETÉ	3 1 TITLE	31-21	8.5.577		- Change	Addition	
NAME	SLAUGHER, RUFUS	,		3.2 NAME	ļ					
STREET ADDRESS	ROUTE 4, BOX 608				ADDRESS					
CITY - ST - ZIP	PERRY FL 32347			3.4. CITY-	ST-21P	1 1 -				
TILE	P		DELETE	4.1 TITLE	191	resident, Directo	R	Change	☐ Addition	
NAME	MILLER, JOEL			4. 2 NAME	Ì	·	·			
STREET ADDRESS	1110 SOUTH WASH	iington St.		4.3 STREE	ADDRESS					
CITY-ST-ZIP	PERRY FL 32347			4.4 CITY-	ST-ZIP					
TITLE	٧		DELETE	5.1 TITLE		ice-President, Dire	CHOK	Change Change	☐ Addition	
NAME	GILBREATH, LYNN			5.2 NAME						
STREET ADDRESS		12 LEON WARD ROAD		5.3 STREE	ADDRESS					
CITY-ST-ZIP	PERRY FL 32347			5.4 CITY-	ST-ZIP	——————————————————————————————————————	,	THE S.	П	
TITLE	\$	•	DELETE	6.1 TITLE	, Se	cretary, DiRecto	K .	Change	☐ Addition	
NAME.	BLUE, W.C.			6.2 NAME		• •	/ ALA	ر جيد	^	
STREET ADDRESS	POST OFFICE BOX	1357 BOYD ROAD		63 STREE	F ADDRESS		11. Octo	1/1/0	<i>17</i>	
CITY-ST-ZIP	PERRY FL 32347			64 CITY-	ST-ZIP		•	5/1/	<i>t</i> '	

14. I do 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.

SIGNATURE:

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