2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000002986

1. Entity Name

POND FORK SPORTSMAN HUNTING CLUB INC

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FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 91084 037 ****70.00

FOND FO	JAN SPUNISMAN NUNIMU	CLUB, INC.		7				
7951 PINE FOREST ROAD 7951		Mailing Address 7951 PINE FOREST ROAD WALNUT HILL FL 32568						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HEDE IE MAKING CHANGES				
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For				٦
Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired 12 \$8	3.75 Ad		7
·	6. Name and Address of Current	Registered Agent		7 Name and Addre	Fed ess of New Registered Age	e Require	ed	4
	5.W.P. +		Name	7. Hamo and Addie	as of New Registered Age	яц		1
GIBSON, MERVIN 7951 PINE FOREST ROAD			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	HILL FL 32568			 				†
	3		City		FL	Zip Cod		$\frac{1}{2}$
the obligation of the obligati	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent		registered office or registe		e State of Florida. I am fam	iliar with,	and accept	
Trust		9. Election Cam Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
TITLE	OFFICERS AND DII			ADDITIONS/CHANGES	TO OFFICERS AND DIREC]_
NAME STREET ADDRESS CITY-ST-ZIP	GIBSON, MERVIN 7951 PINE FOREST ROAD WALNUT HILL FL 32568	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	00/01/200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASSELL, B.T. 3131 S. PINEVILLE RD. WALNUT HILL FL 32568	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	CBO
TITLE	STD	Delete	TITLE			Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	GREESON, WILLIAM H 617 ORBY STREET PENSACOLA FL 32534		NAME STREET ADDRESS CITY-ST-ZIP	-	- <u>- </u>	·		-
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if the composition of the corporation of the receiver or trustee empowered.

SIGNATURE:

3-12-03 850 477-3831