

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701959 (9)

1. Corporation Name

JACKSON COUNTY SPORTSMENS' CLUB, INC.



Principal Place of Business

Mailing Address

6986 PEACOCK LANE
GRAND RIDGE FL 32442
US

6986 PEACOCK LANE
GRAND RIDGE FL 32442
US

3. Date Incorporated or Qualified

01/26/1961

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2869528

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLSOM, J.D.
RT. 2, BOX 387
GRAND RIDGE FL 32442

81 Name Ernest Barry

82 Street Address (P.O. Box Number is Not Acceptable)
6986 Peacock Lp.

83

84 City Grand Ridge FL 85 Zip Code 32442

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

Ernest Barry Treasurer

2/8/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCINTOSH, GARY
STREET ADDRESS 7498 OLD US 90 LANE
CITY-ST-ZIP SNEADS FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☒ DELETE

NAME MCALPIN, RUSSEL
STREET ADDRESS P.O. BOX 501, N/A
CITY-ST-ZIP SNEADS FL 32460

2.1 TITLE SD ☒ Change ☒ Addition

2.2 NAME Donald McGruder
2.3 STREET ADDRESS 2051 Tallavana Trail
2.4 CITY-ST-ZIP Havana, FL 32333

TITLE T ☐ DELETE

NAME BARRY, ERNEST
STREET ADDRESS 6986 PEACOCK LANE
CITY-ST-ZIP GRAND RIDGE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME COOK, AL
STREET ADDRESS P O BOX 782 N/A
CITY-ST-ZIP SNEADS FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Ernest Barry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 904-592-6418
Date Daytime Phone #

CR2E037 (12/95)