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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
US6986 PEACOCK LANE  
GRAND RIDGE FL 32442-4330  
US3. Date Incorporated or Qualified  
01/26/19613a. Date of Last Report  
02/14/19964. FEI Number  
59-2869528Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRY, ERNEST  
6986 PEACOCK LOOP  
GRANDRIDGE FL 32442

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCINTOSH, GARY  
STREET ADDRESS 7498 OLD US 90 LANE  
CITY - ST - ZIP SNEADS FL ☒ DELETE1.1 TITLE PD  
1.2 NAME COOK, AL  
1.3 STREET ADDRESS P.O. Box 782 N/A  
1.4 CITY - ST - ZIP SNEADS, FL 32460 ☒ Change ☐ AdditionTITLE SD  
NAME MCGRUDER, DONALD  
STREET ADDRESS 2051 TALLAVANA TRAIL  
CITY - ST - ZIP HAVANNA FL ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE T  
NAME BARRY, ERNEST  
STREET ADDRESS 6986 PEACOCK LANE  
CITY - ST - ZIP GRAND RIDGE FL ☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE VD  
NAME COOK, AL  
STREET ADDRESS P O BOX 782 N/A  
CITY - ST - ZIP SNEADS FL ☒ DELETE4.1 TITLE VD  
4.2 NAME Leigh, Ronald  
4.3 STREET ADDRESS 7062 Nobles Rd.  
4.4 CITY - ST - ZIP Grand Ridge, FL 32442 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)