## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1998 8:00am

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

L	1998	DIVISION OF CORPORATIONS						Secretary of State				
DOCU 1. Corporation	MENT # 70	1959	(9)					Secretary C	'I \	rtat		
JACKSON COUNTY SPORTSMENS' CLUB, INC.												
Principal Plac	e of Business	Ма	iling Address					1 196111 10911 89191 11610 18101 81119 1811 91611 0				
6986 PEACOCH	( LANE	6981	6 PEACOCK LANE				<u> </u>	3. Date Incorporated or Qualified			<del> </del>	
GRAND RIDGE	FL 32442		IND RIDGE FL 32442				'	01/26/1961				
33		03						4. FEI Number		Applie		
2. Principal P	lace of Business	2a.	Mailing Address					59-2869528			plicable	
21		26						5. Certificate of Status Desired		<b>75</b> Addir ee Requir		
Suite, Apt.	#, etc.	— —	Suite, Apt. #, etc.				(	6. Election Campaign Financing		<b>00</b> May		
City & State	e	27	City & State					Trust Fund Contribution		led to Fee	s	
23		28						7. Is this nonprofit corporation a homeowne Yes	No	nation?		
Zip	Country 25	<u> </u>	Zip :	<del></del>	ıntry		8	B. This corporation owes or has paid the cu				
24	9. Name and Address	29 cof Current Registr	ered Agent	30			10	Personal Property Tax due June 30.  D. Name and Address of New Registered	Yes Agent	∐ No	<u></u>	
					81	Name			3			
BARRY, ERNEST					82	Street A	Address	(P.O. Box Number is Not Acceptable)				
6986 PEACOCK LOOP GRANDRIDGE FL 32442					83							
GI CALLO	MOGETE 02772				Ш							
				i	84	City		FL	1 1	Zip Code		
11. Pursuant I office or r	to the provisions of Section egistered agent, or both, i	ns 617.0502 and 61 n the State of Florida	7.1508, Florida Statu a. Such change was	ites, the all authorize	bove d by	named of the corp	corporation's	ion submits this statement for the purpose of board of directors. I hereby accept the app	f changi cointmer	ng its reg	istered stered	
	m familiar with, and accep	t the obligations of,	Section 617.0503, F	lorida Stat مریر	tutes.	1		1.0	-9	8		
SIGNATURE _	Stgnature, typed or printed name of	registered agent and tale if	applicable. (NO	TE: Registered	d Agen	t signature r	required wh	en reinstating) DATE		<u> </u>		
12.		ICERS AND DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AND				
TITLE NAME	PD COOK, AL		☐ DELETE	1.1 TI 1.2 N/					☐ Char	nge 📙	Addition	
STREET ADDRESS	P O BOX 782 N/A					ADDRESS						
CITY-ST-ZIP	SNEADS FL				TY-ST							
TITLE	SD		☐ DELETE	2.1 Til					☐ Char	nge 🔲	Addition	
NAME	MCGRUDER, DONAL			2.2 NA	ME						:	
STREET ADDRESS	2051 TALLAVANA TE	RAIL				DDRESS						
CITY-ST-ZIP TITLE	HAVANNA FL		DELETE	2, 4 C	ITY-ST	-ZIP		la.	Char		Addition	
NAME	BARRY, ERNEST			3.2 NA					L Ula	.Ne □	Addition	
STREET ADDRESS	6986 PEACOCK LAN	ΙE			-	DDRESS						
CITY-ST-ZIP	GRAND RIDGE FL				ITY-ST							
TITLE	VĎ		DELETE	4.1 TIT	LE				Char	nge 🔲	Addition	
NAME	LEIGH, RONALD			4. 2 N	AME	1					ļ	
STREET ADDRESS	7062 NOBLES RD			4.3 ST	reet a	DDRESS						
CITY-ST-ZIP TITLE	GRAND RIDGE FL		DELETE		TY-\$T-	ZIP					N. J. P. C	
NAME				5.1 TIT 5.2 NA					Chan	ige 🖂	Addition	
STREET ADDRESS						DDRESS					į	
CITY-ST-ZIP				5.4 CII		- 1						
TITLE			DELETE	6.1 TIT					Chan	ige 🔲	Addition	
NAME				6.2 NA		]						
STREET ADDRESS				6.3 ST	REET A	DDRESS						

14. I hereby 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 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:

ENTERPRESE BARRY 1-8-9