NONPROFIT CORPORATION ANNUXL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 701959

1. Corporation Name

JACKSON COUNTY SPORTSMENS' CLUB, INC.

Principal Place of Business

6986 PEACOCK LANE GRAND RIDGE FL 32442 Mailing Address

6986 PEACOCK LANE GRAND RIDGE FL 32442

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90100 022 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address	10	3. Date incorporated or Qualifed		
21 35	12 HWY BY	26 3512 H	twy 67	01/26/1961	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	P C	4. FEI Number 59-2869528	Applied For	
22 GRAI	VD KIDGE, 1-47,	27 () () () () () () () () ()	<u>-1068, FC</u>	J- 39 2009320	Not Applicable \$8.75 Additional	
City & State		City & State 32 447	STACKO	5. Certificate of Status Desired	Fee Required	
23 52 4 Zip	Country	28 7277C	Country	6. Election Campaign Financing	\$5.00 May Be	
 , '	25	29	30	Trust Fund Contribution	Added to Fees	
24	9. Name and Address of Current		30	10. Name and Address of New Registered A		
	1101110		81 Name	7		
DADDY E	DNICCT		BG Stroot	Address (P.O. Box Number is Not Acceptable)		
BARRY, ERNEST 6986 PEACOCK LOOP			82 Street	3 67 2 / + LIV 69		
GRANDRIDGE FL 32442			83	1000		
CHANDINDOL I E DZITZ			84 City	BNI 4-1268	85 Zip Code	
			84 City	RAND KIDGE FL	32.442	
44 D and the gradient of Continue C17 0500 and C17 1500 Florida Statutes the above paragration 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 officials of, Section 617.0503, Florida Statutes.						
		PA		/ 1 8 1 9 9	7	
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	DELETE	1.1 TITLE	PD Man	☐ Change ☐ Addition	
NAME	COOK, AL		1.2 NAME	JERRY NEEL		
STREET ADDRESS	P O BOX 782 N/A		1.3 STREET ADDRESS	3572 Huy 69	01.14	
CITY-ST-ZIP	SNEADS FL		1.4 CITY-ST-ZIP	GRAND LIDGE, FLA. 5	Change Addition	
TITLE	SD	DELETE	2.1 TITLË	SO M PORTE	Cliarge Clyndinon	
NAME	MCGRUDER, DONALD		2.2 NAME	70HNNY 11. (01/2) EX	_	
STREET ADDRESS	2051 TALLAVANA TRAIL		2.3 STREET ADDRESS	CISI WHIDEN TO	L 11	
CITY-ST-ZIP	HAVANNA FL		2. 4 CITY-ST-ZIP	SNEADS PLA JEF	Change Addition	
TITLE	DADDY CONFOR		3.1 TITLE	/		
NAME	BARRY, ERNEST		3.2 NAME			
STREET ADDRESS	6986 PEACOCK LANE		3.3 STREET ADDRESS			
CITY-ST-ZIP	GRAND RIDGE FL VD	DELETE	3.4. CITY-\$T-ZIP 4.1 TITLE	1/0	☐ Change ☐ Addition	
TITLE	LEIGH, RONALD	El perete	4.1 ISILE 4.2 NAME	V Maria	_ ,	
NAME	7062 NOBLES RD		4.2 NAME 4.3 STREET ADDRESS	TIMMY HENOLD		
STREET ADDRESS	GRAND RIDGE FL		4.3 STREET ADDRESS	LIVE TO THE TELES	461	
CITY-ST-ZIP TITLE	GIVERD RIDGE I E	☐ DELETÉ	5.1 TITLE	JACIHA TOTAL	☐ Change ☐ Addition	
NAME			5.2 NAME	†		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
· ·			6.3 STREET ADDRESS			
STREET ADDRESS			6.4.0TM, 6T. 7ID			

14. I 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 of the corporation of the corporation of 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, with all other like empowered.

SIGNATURE: