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Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90030 044 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703166

1. Corporation Name

THE GLADES COUNTY FISH AND GAME CLUB, INC.

Principal Place of Business

PO BOX 426
MOORE HAVEN FL 33471
0

Mailing Address

PO BOX 426
MOORE HAVEN FL 33471
0



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/10/1961
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0220453
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

RAMUNI, STEVEN A ESQ
150 SOUTH MAIN STREET
LABELLE FL 33935

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	P. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMS, TOMMY	1.2 NAME	
STREET ADDRESS	300 AVE O	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	1.4 CITY-ST-ZIP	
TITLE	V. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, DENNIS	2.2 NAME	
STREET ADDRESS	1115 FOXMOOR ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	2.4 CITY-ST-ZIP	
TITLE	ST. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, NORMAN	3.2 NAME	
STREET ADDRESS	370 PARK AVE E.S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	3.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIGLER, HARRY	4.2 NAME	
STREET ADDRESS	2020 OLD LAKE PORT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	4.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JOHNNY	5.2 NAME	
STREET ADDRESS	340 OLD NORTH RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Tommy Toms

1/6/99 941/946-1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0046679