SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:16

DOCUMENT # 707700 (1)

1. Corporation Name
NORTHWEST FLORIDA POINTER AND SETTER CLUB, INC.

Principal Place of Business	Mailing Address
5533 BAY MEADOWS DR. MILTON FL 32583 US	5533 BAY MEADOWS DR. MILTON FL 32583 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1964
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2287954 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. 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. 22 5549 Bay Meadows Dr.	Suite, Apt. #, etc. 27 5549 Bay Meadows Dr.
City & State 23	City & State 28
Zip / County 24 / 25 Santa Rosa	Zip / County 29 / 30 Santa Rosa

9. Name and Address of Current Registered Agent

HINSON, ROBERT D.
5533 BAY MEADOWS DR.
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5549 Bay Meadows Dr.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	BELLCASE, CARLTON	12 NAME		
STREET ADDRESS	10761 COWART RD.	13 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL	14 CITY-ST-ZIP	36695	
TITLE	STD	21 TITLE		☐ Change ☒ Addition
NAME	NICHOLSON, DONNIE	22 NAME		
STREET ADDRESS	3015 MOLINO RD	23 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL	24 CITY-ST-ZIP	32565	
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	SASSER, MARK	32 NAME		
STREET ADDRESS	RT 5, BOX 55-1	33 STREET ADDRESS		
CITY-ST-ZIP	BREWTON AL	34 CITY-ST-ZIP	36427	
TITLE	D	41 TITLE		☐ Change ☒ Addition
NAME	KRAUSE, RICHARD A	42 NAME		
STREET ADDRESS	6100 HAPPY HOLLOW DR.	43 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP	32570	
TITLE	D	51 TITLE		☐ Change ☒ Addition
NAME	WALKER, CURTIS	52 NAME		
STREET ADDRESS	3525 WIMBLEDON DR	53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	32504	
TITLE	D	61 TITLE	VD	☐ Change ☒ Addition
NAME	COLE, JIM	62 NAME		
STREET ADDRESS	20100 ST. REGIS LODGE RD.	63 STREET ADDRESS		
CITY-ST-ZIP	ROBERTSDALE AL	64 CITY-ST-ZIP	36567	

CR2E037 (3/95)

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)(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: Richard A. Krause 6/24/95 (904) 957-4172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018603