

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707700 (1)

1. Corporation Name

NORTHWEST FLORIDA POINTER AND SETTER CLUB, INC.

Principal Place of Business

5549 BAY MEADOWS DR
MILTON FL 32583
US

Mailing Address

5549 BAY MEADOWS DR
MILTON FL 32583
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

HINSON, ROBERT D.
5549 BAY MEADOWS DR
MILTON FL 32583

3. Date Incorporated or Qualified

08/13/1964

3a. Date of Last Report

06/29/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to receive notices and the applicable

State of Florida Registered Agent Signature required when terminating

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	☐ DELETE
12.2 NAME	BELLCASE, CARLTON	
12.3 STREET ADDRESS	10761 COWART RD.	
12.4 CITY-ST-ZIP	MOBILE AL	
12.5 TITLE	STD	☐ DELETE
12.6 NAME	NICHOLSON, DONNIE	
12.7 STREET ADDRESS	3015 MOLINO RD	
12.8 CITY-ST-ZIP	MOLINO FL	
12.9 TITLE	D	☒ DELETE
12.10 NAME	SASSER, MARK	
12.11 STREET ADDRESS	RT 5, BOX 55-1	
12.12 CITY-ST-ZIP	BREWTON AL	
12.13 TITLE	D	☐ DELETE
12.14 NAME	KRAUSE, RICHARD A	
12.15 STREET ADDRESS	6100 HAPPY HOLLOW DR.	
12.16 CITY-ST-ZIP	MILTON FL	
12.17 TITLE	D	☐ DELETE
12.18 NAME	WALKER, CURTIS	
12.19 STREET ADDRESS	3525 WIMBLEDON DR	
12.20 CITY-ST-ZIP	PENSACOLA FL	
12.21 TITLE	VD	☐ DELETE
12.22 NAME	COLE, JIM	
12.23 STREET ADDRESS	26100 ST. REGIS LODGE RD.	
12.24 CITY-ST-ZIP	ROBERTSDALE AL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	D	☒ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE		☐ Change ☒ Addition
13.10 NAME	PD	
13.11 STREET ADDRESS	KENNEDY, ROBERT	
13.12 CITY-ST-ZIP	5121 MOLINO RD	
13.13 TITLE	MOLINO, FL 32577	☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		☐ Change ☐ Addition
13.17 TITLE		
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-ST-ZIP		☒ Change ☐ Addition
13.21 TITLE		
13.22 NAME		
13.23 STREET ADDRESS		
13.24 CITY-ST-ZIP		
13.25 TITLE		
13.26 NAME		
13.27 STREET ADDRESS		
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13.90 NAME		
13.91 STREET ADDRESS		
13.92 CITY-ST-ZIP		
13.93 TITLE		
13.94 NAME		
13.95 STREET ADDRESS		
13.96 CITY-ST-ZIP		
13.97 TITLE		
13.98 NAME		
13.99 STREET ADDRESS		
13.100 CITY-ST-ZIP		

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)(k), 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:

Donnie L. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donnie L. Nicholson 1-22-96 (914) 587-5539
Date: File/Free Charge:

CR2E037 (12/95)