

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **707700** (1)
1. Corporation Name
NORTHWEST FLORIDA POINTER AND SETTER CLUB, INC.



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|---|--|--|--|---|--|
| Principal Place of Business 5549 BAY MEADOWS DR MILTON FL 32583 US | | Mailing Address 5549 BAY MEADOWS DR MILTON FL 32583 US | | 3. Date Incorporated or Qualified 08/13/1964 | |
| 2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country | | 4. FEI Number 59-2287954 Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent HINSON, ROBERT D. 5549 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) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BELLCASE, CARLTON | 1.2 NAME | ROBBIE ROBINSON |
| STREET ADDRESS | 10761 COWART RD. | 1.3 STREET ADDRESS | 1013 Fremont Av. |
| CITY-ST-ZIP | MOBILE AL | 1.4 CITY-ST-ZIP | Pensacola, FL 32505 |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICHOLSON, DONNIE | 2.2 NAME | |
| STREET ADDRESS | 3015 MOLINO RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINO FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 5121 MOLINO RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINO FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAUSE, RICHARD A | 4.2 NAME | |
| STREET ADDRESS | 6100 HAPPY HOLLOW DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, CURTIS | 5.2 NAME | |
| STREET ADDRESS | 3525 WIMBLEDON DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLE, JIM | 6.2 NAME | |
| STREET ADDRESS | 10480 TOWER RIDGE RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 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.

SIGNATURE:

Robert D. Hinson

Robert D. Hinson 4/15/98 (850) 626-7959

CR2E037 (10/97)