

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90083 025 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709194

1. Corporation Name
THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.

Principal Place of Business
PO BOX 307
2008 CAPRI RD
WILLISTON FL 32696
US

Mailing Address
P.O. BOX 298
BARBERVILLE FL 32105



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/22/1965
21	26	4. FEI Number 59-2366073
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	
Zip Country	Zip Country	
24	25	29
		30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PUCKETT, JULIE 350 FOX HOLLOW DRIVE BARBERVILLE FL 32105		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, BILL	1.2 NAME	
STREET ADDRESS	350 FOX HOLLOW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARBERVILLE FL 32105	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, JIM	2.2 NAME	
STREET ADDRESS	20750 E. LEVY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EDDIE	3.2 NAME	
STREET ADDRESS	431 OAK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL 32696	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, DAVE	4.2 NAME	
STREET ADDRESS	RT. 3 BOX 1064	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32969	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, JULIE	5.2 NAME	
STREET ADDRESS	350 FOX HOLLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARBERVILLE FL 32105	5.4 CITY-ST-ZIP	
TITLE		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: *Julie Puckett* **NOT REQUIRED** 2-17-99 904-749-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0076317
CR2E037 (11/98)