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NOT FOR PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 11 1997 8:00am  
Secretary of State

DOCUMENT # 720177 (5)

1. Corporation Name  
DIRT ROAD SPORTSMEN CLUB, INC.

Principal Place of Business Mailing Address  
510 CRESCENT CIRCLE 510 CRESCENT CIRCLE  
LAKE WALES FL 33853 LAKE WALES FL 33853-3602

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country  
24 25 29 30

3. Date Incorporated or Qualified 02/03/1971 3a. Date of Last Report 03/22/1996  
4. FEI Number 59-2752710 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

9. Name and Address of Current Registered Agent

MANLEY, TED  
510 CRESCENT CIRCLE  
LAKE WALES FL 32853

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 TED MANLEY (Recording signed Manley)  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME THREATT, C  
STREET ADDRESS 429 PEARL STREET  
CITY-ST-ZIP LAKE WALES FL  
TITLE VD ☐ DELETE  
NAME BECKHAM, CLARENCE  
STREET ADDRESS 245 DORSETT AVENUE  
CITY-ST-ZIP LAKE WALES FL  
TITLE SD ☐ DELETE  
NAME MANLEY, T.  
STREET ADDRESS 510 CRESCENT CR.  
CITY-ST-ZIP LAKE WALES FL  
TITLE TD ☐ DELETE  
NAME JOHNSON, C.  
STREET ADDRESS P.O. BOX 1561 N/A  
CITY-ST-ZIP LAKE WALES FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 [Signature]

CR2E037 (9/96)