FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

ROUTE 1: BO ( 487-J ?

BRYCEVILLE FL 32009

**DOCUMENT # 736144** 

THE BALDWIN BAY HUNTING CLUB, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CCRPORATIONS

Mailing Address ROUTE 1. BOX 487-J

BRYCEVILLE FL 32009

2a. Mailing Address

26

## Katherine Harris Secretary of State

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90190 048 \*\*\*\*61.25

 AND SAN THE CONTRACTOR	][ <b>1</b>   <b>1  1</b>   1  <b>1  1  1  1  1  1  1  1  1  1  1  1  1  1</b>

Applied For

3. Date Incorporated or Qualifed

06/17/1976

		1	D -4-			4. FELNU	ign see		Ann	lied For	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				411230		<u> </u>	Applicable	
City & Star		City & State				-+			\$8.75 A		
¬ '	<del>2</del>	28	-			5. Certifo	ate of Status Desire	ed 🔲	Fee Red		
Zip	Country	Zip				6. Electio	n Campaign Financ	ing 🗔	\$5.00 N	Asy Be	
<u>س</u> - ۲	25	29	<u>~</u> '		Trust F	Fund Contribution	, D	Added to	Fees		
<u> </u>	9. Name and Address of Current		t			10. Name	and Address of N	ew Registered	Agent		
				8	1 Name						
I VNN RO	SCOE W JR			8	2 Street Ac	ddress (P.O. Bo)	Number is Not Ac	centable)			
,	, BOX 487-J			١	) Ollook Al	-				]	
	LE FL 32234			8	3						
D((10E))	1 2 0 2 2 7			8	4 City				85 Zip C	ode	
				°	City			Fl	- III 3.34	909	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	Florida. Such cha	ange was auti	norizea b	y the corpora	orporation submit ation's board of	ts this statement fo directors. I hereby a	r the purpose of accept the appo	changing its r intment as reg	e gistered istered	
agent. i a	m familiar with, and accept the obligation	nis oi, section on	7.0303, 110 10	la Statute							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE R	egistered Ag	ent signature req	quired when reinstating	<del></del>	DATE			ŝ
12.	OFFICERS AND			13.		ADDITI	ONS/CHANGES TO	OFFICERS A	ND DIRECTOR		
TITLE	DP		DELETE	1.1 TITLE					Change	☐ Addition	7
NAME	LYNN, ROSCOE W			1.2 NAME						}	1
STREET ADDRESS	ROUTE 1, BOX 487-J			1.3 STRE	ET ADDRESS					i	į
CITY-ST-ZIP	BRYCEVILLE FL 32009			1.4 CITY-ST-ZIP							Ì
TITLE	DT		DELETE	2.1 TITLE	:	DT			Change	Addition )	١
NAME	LYNN, WILLIAM M			2.2 NAM	: \i	LYNN, WILL	Lan M.			ļ	
STREET ADDRESS	ROUTE 24 BOX 1093-A			2.3 STRE	ET ADDRESS	16989-1 4	NEUS RO.			ļ	
CITY-ST-ZIP	BRYCEVILLE FL 32234			2. 4 CITY	-ST-ZIP	TACKSON	van M. NEUS RO. ULE FL 3	<u> 2234</u>			
TITLE	DVP		DELETE	3.1 TITLE					Change	Addition	
NAME	Sutton, Fred H			3.2 NAM	E }					)	
STREET ADDRESS	5091 JONES ROAD			3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32219			3.4. CITY	-ST-ZIP					C Addition	
TITLE	DS		DELETE	4,1 TITLE					Change	Addition	
NAME	ELLISON, FRED H			4. 2 NAV	E						
STREET ADDRESS	105 RAILROAD AVENUE			4.3 STRE	ET ADDRESS						
CITY-ST-ZIP	BALDWIN FL 32234			4.4 CITY-ST-ZIP					[]()	CT Addition	
TITLE			DELETE	5.1 TITLE	1				Change	Addition	
NAME				5.2 NAM							
STREET ADDRESS	}			5	ET ADDRESS					ļ	
CITY-ST-ZIP				5.4 CITY					Chanc	T Addition	
TITLE	}		DELETE	6.1 TITLI	}				Change	Addition	
NAME				6.2 NAM						Ì	
STREET ADDRESS	}			•	EET ADDRESS					ļ	
	1			E CACITY	CT ZIO						

14. 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 suppliemental 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