

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 # 741355 (2)

1. Corporation Name

TOMOKA HUNTING ASSOCIATION, INC.

Principal Place of Business

504 OAKRIDGE AVE.
DELAND FL 32724

Mailing Address

504 OAKRIDGE AVE.
DELAND FL 32724



3. Date Incorporated or Qualified
01/13/1978

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

WEST, MIKE
515 E. OAKWOOD
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name
DONALD WALTERS
82 Street Address (P.O. Box Number is Not Acceptable)
3614 DONNA ST.
83 Port Orange
84 City
FL 85 Zip Code
32119

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: DONALD WALTERS
Signature, typed or printed name of registered agent and title if applicable

Signature of Registered Agent (Signature required when reinstating)

DATE: 2-7-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, FOREST	
STREET ADDRESS	880 S. FATIO RD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, STEVE	
STREET ADDRESS	RT. 5, BOX 842	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORD, PAUL, JR.	
STREET ADDRESS	P. O. BOX 695 N/A	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANTON, JOHN, III	
STREET ADDRESS	728 N. FLAMINGO RD.	
CITY-ST-ZIP	HOLLY HILL FL 32017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIEST, REGGIE	
STREET ADDRESS	1565 CULLVERHOUSE DRIVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ETHRIDGE, JOHNNY	
STREET ADDRESS	504 OAKRIDGE AVE.	
CITY-ST-ZIP	DELAND FL 32724	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD WALTERS	
1.3 STREET ADDRESS	3614 DONNA ST.	
1.4 CITY-ST-ZIP	Port Orange, FL 32119	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JOHNNY ETHRIDGE
Signature and typed or printed name of signing officer or director

DATE: 2-7-96 DAYTIME PHONE: 904-736-2100

CR2E037 (12/95)