

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748493** (4)

1. Corporation Name

**SAND-FLY HUNTING CLUB, INC.**



Principal Place of Business	Mailing Address
<b>107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLND FL 32626</b>	<b>107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLND FL 32626-0905</b>

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/10/1979</b>	3a. Date of Last Report <b>02/09/1996</b>
<b>21</b>	<b>26</b>	4. FEI Number <b>59-2749663</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>BEAUCHAMP, GREGORY V. 107 EAST PARK AVENUE CHIEFLND FL 32626</b>	<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>NW 14 AVE AND 13 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, TOMMY G</b>	2.2 NAME	
STREET ADDRESS	<b>HWY 24</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR KEY, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, RAYMOND</b>	3.2 NAME	
STREET ADDRESS	<b>STATE RD 341</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, CONWAY</b>	4.2 NAME	
STREET ADDRESS	<b>HIGHWAY 320</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPPARD, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>HIGHWAY 341</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:

*Raymond B Allen* 1-29-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #0011520

CR2E037 (9/96)