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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 753243 DOCUMENT #
1. Corporation Name

(5)

<b>HERNANDO</b>	SPORTSMAN'S	CLUB	INC
HEHIAMIANO	OF UNITOWAN S	ULUB.	INU.

HEHNANDO SPOKTSMAN'S CLUB, I	NC.						
Principal Place of Business	Mailing Address	<del></del>	<del></del>	——— ( 1 <b>100</b>      1	1808) BIION HIII INN 1981 BIONN II	iya mahaya dana dana ili bar	1 B1616 B1866 1846
17045 COMMERCIAL HWY BROOKSVILLE FL 34614 US	P. O. BOX 10754 P. O. BOX 10754 BROOKSVILLE FL 344	601-0754					
	US				porated or Qualified 2/1980	3a. Date of Las 05/01/1	
2. Principal Place of Business	2a. Mailing Address			4. FEI Numbe			Applied For
Suite, Apt. #, etc.	26	-		59-21	102875		Not Applicable
22	Suite, Apt. #, etc.			5. Certificate	of Status Desired		5 Additional Required
City & State	City & State			6. Election Ca	ampaign Financing	\$5.0	00 May Be
Zip Country	<b>Z</b> Ip				Contribution	☐ Add	ed to Fees
	29	30 Count	.ry		ration has liability for inta		. 199.032,
9. Name and Address of Current Ro		30		Florida Sta	d Address of New Reg	Yes No	
			1 Name		Address of Idea Hed	istered Agent	
RICKERT, RANDIE W		_					
7461 CEDARHURST STREET		8	Street	Address (P.O. Box Nun	nber is Not Acceptable)		
BROOKSVILLE FL 34613		8	3				
		L					
		8	4 City			FL 85 Z	ip Code
Pursuant to the provisions of Sections 617.0502 and or registered agent, or both, in the State of Florida. Sfamiliar with, and accept the obligations of, Section 6 SIGNATURE     Signature, typed or printed name of registered agent and its	317.0503, Florida Statute	ized by the co es.	rporation s	orporation submits this s board of directors. I he required when reinstating)	statement for the purpos reby accept the appoint	tment as registered	registered office I agent. I am
12. OFFICERS AND DI		13.	ont signature n		S/CHANGES TO OFFICE	RS AND DIRECTO	YES IN 10
TITLE PD	DELETE	1.1 TITLE			0.11.020.10.01.102	☐ Change	Addition
NAME RICKERT, RANDIE W.		1.2 NAMI	E				
STREET ADDRESS 7461 CEDARHURST		1.3 STRE	ET ADORESS				
CITY-ST-ZIP BROOKSVILLE FL		1.4 CITY	-ST-ZIP				
TITLE VD	DELETE	2.1 TITLE			<u></u>	4 4	
NAME THOMPSON, BILL		0011111		V.D.		Change	Addition
STREET ADDRESS 5532 S ASHLEY TERRACE		2.2 NAM	:	BLACK, W	MORICE	Change	Addition
			E Et address	BLACK, W	NAURICE 364	Change	☐ Addition
CITY-ST-ZIP INVERNESS FL			ET ADDRESS	BLACK, W			☐ Addition
TITLE SD	DELETE	2.3 STRE	ET ADDRESS -ST-ZIP	BLACK, W	MAURICE 364 VILLE, FL.		Addition
TITLE SD NAME SANTISE, ROSE	DELETE	2.3 STRE	ET ADDRESS -ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346.05 Change	
TITLE SD NAME SANTISE, ROSE STREET ADDRESS 6189 HELM AVE	DELETÉ	2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346.05 Change	
TITLE SD NAME SANTISE, ROSE STREET ADDRESS 6189 HELM AVE CITY-ST-ZIP SPRINGHILL FL		2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP ET ADDRESS	BLACK, W TO BOX BROOKSY S.D.		346.05 Change	
TITLE SD NAME SANTISE, ROSE STREET ADDRESS 6189 HELM AVE CITY-ST-ZIP SPRINGHILL FL TITLE TD	DELETE	2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346.05 Change	
TITLE SD NAME SANTISE, ROSE STREET ADDRESS 6189 HELM AVE SPRINGHILL FL TITLE TD NAME WILSON, KAY		2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346.05 Change	☐ Addition
TITLE SD NAME SANTISE, ROSE STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL TITLE TD NAME WILSON, KAY STREET ADDRESS 16612 CROSSANDRA LANE		2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4, CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346.05 Change	☐ Addition
TITLE SD NAME SANTISE, ROSE STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL TITLE TD NAME WILSON, KAY STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL SPRINGHILL FL STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL	DELETE	2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4, CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP ET ADDRESS	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346.05 Change	☐ Addition
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TITLE SD NAME SANTISE, ROSE STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL TITLE TD NAME WILSON, KAY STREET ADDRESS 16612 CROSSANDRA LANE CITY-ST-ZIP SPRINGHILL FL TITLE ED NAME HEAD, GEORGE	DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346 05 Change URT FL. 344	Addition  Addition  Addition
TITLE SD NAME SANTISE, ROSE STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL TITLE TD NAME WILSON, KAY STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL TITLE ED NAME HEAD, GEORGE STREET ADDRESS 14700 GWENWOOD CIRCLE	DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	346 05 Change URT FL. 344	Addition  Addition  Addition
TITLE SD NAME SANTISE, ROSE STREET ADDRESS 6189 HELM AVE SPRINGHILL FL TITLE TD NAME WILSON, KAY 16612 CROSSANDRA LANE SPRINGHILL FL TITLE ED NAME HEAD, GEORGE STREET ADDRESS 14700 GWENWOOD CIRCLE HUDSON FL	□ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	3 46 05 X Change	Addition  Addition  Addition
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TITLE  NAME  SANTISE, ROSE  STREET ADDRESS  CITY-ST-ZIP  TD  WILSON, KAY  16612 CROSSANDRA LANE  SPRINGHILL FL  TITLE  WILSON, KAY  16612 CROSSANDRA LANE  SPRINGHILL FL  TITLE  ED  NAME  HEAD, GEORGE  14700 GWENWOOD CIRCLE  HUDSON FL  TITLE  NAME	□ DELETE	2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4, CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	BLACK, W TO BOX BROOKSY S.D.	ILLE, FL.	3 46 05 X Change	Addition  Addition  Addition
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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: