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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **753243** **(5)**

1. Corporation Name

HERNANDO SPORTSMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
17045 COMMERCIAL HWY BROOKSVILLE FL 34614 US	P. O. BOX 10754 P. O. BOX 10754 BROOKSVILLE FL 34603-0754 US

3. Date Incorporated or Qualified: 07/02/1980
3a. Date of Last Report: 03/21/1996

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

4. FEI Number: 59-2102875 ☐ 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

RICKERT, RANDIE W
7461 CEDARHURST STREET
BROOKSVILLE FL 34613

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RICKERT, RANDIE W.		1.2 NAME	~~Black~~, Maurice	
STREET ADDRESS	7461 CEDARHURST		1.3 STREET ADDRESS	P.O. Box 364	
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP	Brooksville, FL 34605	
TITLE	VD	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BLACK, MAUROCE		2.2 NAME	Bernie McDonnell	
STREET ADDRESS	P O BOX 364 NA		2.3 STREET ADDRESS	1482 Coble Rd.	
CITY-ST-ZIP	BROOSKVILLE FL		2.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	COOPER, CINDY		3.2 NAME	Diane Rickert	
STREET ADDRESS	6541 W LINUS CT		3.3 STREET ADDRESS	7461 Cedarhurst St.	
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP	Brooksville, FL 34613	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, KAY		4.2 NAME		
STREET ADDRESS	16612 CROSSANDRA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		4.4 CITY-ST-ZIP		
TITLE	ED	☒ DELETE	5.1 TITLE	ED	☒ Change ☐ Addition
NAME	HEAD, GEORGE		5.2 NAME	Gelbogis, Dave	
STREET ADDRESS	14700 GWENWOOD CIRCLE		5.3 STREET ADDRESS	558. Camellia Ave.	
CITY-ST-ZIP	HUDSON FL		5.4 CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Maurice L Black — 1/11/97 — 352-597-9931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069526