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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753243

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 34601-0754 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/02/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2102875 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICKERT, DIANE		1.2 NAME		
STREET ADDRESS	7461 CEDARHURST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BLACK, MAURICE		2.2 NAME	RANDIE W. RICKERT	
STREET ADDRESS	P O BOX 364 NA		2.3 STREET ADDRESS	7461 CEDARHURST ST	
CITY-ST-ZIP	BROOSKVILLE FL		2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	VP	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	OBRIEN, PAUL		3.2 NAME	WALLACE CONWAY	
STREET ADDRESS	28 OAK VILLAGE BLVD S		3.3 STREET ADDRESS	2494 W. AXELWOOD DR	
CITY-ST-ZIP	HOMOSASSA FL 34446		3.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	KNOTT, THOMAS		4.2 NAME	KAY WILSON	
STREET ADDRESS	8393 DELAWARE DR		4.3 STREET ADDRESS	16612 CROSSANDRA LANE	
CITY-ST-ZIP	SPRING HILL FL 34607		4.4 CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GELBOGIS, DAVE		5.2 NAME		
STREET ADDRESS	55 S CAMELLIA AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		5.4 CITY-ST-ZIP		
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Diane M Rickert DIANE M RICKERT 1/8/99 352-754-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #