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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 753848

1. Corporation Name

MCKINNONVILLE HUNTING CLUB, INC.

Principal Place of Business

**103 MAGNOLIA AVE.
CANTONMENT FL 32533**

Mailing Address

**4420 IVORY LANE
MOLINO FL 32577
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/20/1980

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

63-0879561

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTON, GARRETT W.
103 MAGNOLIA AVE.
7TH FLOOR
CANTONMENT FL 32533**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

MAJORS, JR. L. B.

STREET ADDRESS

5586 ESPERANTO DR.

CITY-ST-ZIP

PENSACOLA FL

TITLE

V

☐ DELETE

NAME

SPIVEY, KEN

STREET ADDRESS

4420 IVORY LN

CITY-ST-ZIP

MOLINO FL 32577

TITLE

STD

☐ DELETE

NAME

BLACKMON, LLOYD

STREET ADDRESS

6208 E SHORE DR

CITY-ST-ZIP

PENSACOLA FL 32505

TITLE

D

☐ DELETE

NAME

EMMONS, LARRY

STREET ADDRESS

1340 DOG TRACK RD

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

D

☐ DELETE

NAME

MILLER, JIMMY

STREET ADDRESS

3812 CRABTREE CHURCH RD

CITY-ST-ZIP

MOLINO FL 32577

TITLE

D

☐ DELETE

NAME

HINOTE, TOM

STREET ADDRESS

7315 SHELBY LANE

CITY-ST-ZIP

PENSACOLA FL 32526

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Kenneth R. Spivey **Kenneth R. Spivey** 2-27-99 850 4385311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)