

FILE NOW: FILING FEE IS \$61.25

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Jun 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 754870  
1. Corporation Name  
*Barrineau Park Hunting Club*

Principal Place of Business Mailing Address  
*40 Ernest J. Schie 5632 Chalkley Rd. Molino FL 32577*

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

3. Date Incorporated or Qualified *11-1-1980*

4. FEI Number	Applied For
<i>59-3016144</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
*Ernest J. Schie 5632 Chalkley Rd Molino FL 32577*

10. Name and Address of New Registered Agent

81 Name	<i>NA</i>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<i>FL</i>
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 *Ernest J. Schie* *Ernest J. Schie* *6-1-1998*

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<i>P Ernest J Schie</i>
STREET ADDRESS	<i>5632 CHALKLEY RD</i>
CITY-ST-ZIP	<i>Molino FL 32577</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>VP Joe Kittrell</i>
STREET ADDRESS	<i>400 KITTRELL ST.</i>
CITY-ST-ZIP	<i>CANT. FL 32533</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Sec. Harry Sheffield</i>
STREET ADDRESS	<i>9494 BIRCHM</i>
CITY-ST-ZIP	<i>Molino FL 32577</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>T. Don Price</i>
STREET ADDRESS	<i>2545 Molino Rd</i>
CITY-ST-ZIP	<i>Molino FL 32577</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>D. Daniel Poppell</i>
STREET ADDRESS	<i>1450 Holden Road Rd</i>
CITY-ST-ZIP	<i>Cant. FL 32533</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>D. James Nelson</i>
STREET ADDRESS	<i>733 Neal Rd</i>
CITY-ST-ZIP	<i>CANT. FL 32533</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>D. Duwitt Sigher</i>
13 STREET ADDRESS	<i>John Wilson Rd</i>
14 CITY-ST-ZIP	<i>Cant. FL 32533</i>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>D Marty Edwards</i>
23 STREET ADDRESS	<i>2333 Macdon Rd.</i>
24 CITY-ST-ZIP	<i>Cant. FL 32533</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>D Larry Thomas</i>
33 STREET ADDRESS	<i>141 Eden Sp.</i>
34 CITY-ST-ZIP	<i>Cant. FL 32533</i>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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.

SIGNATURE: *Ernest J. Schie* *Ernest J. Schie* *6-1-98/587-2261*

CR2E037 (10/97)