

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759416

(1)

1. Corporation Name

MACCLENNY HUNTING CLUB, INC.



Principal Place of Business

149 N 4TH STREET
MACCLENNY FL 32063

Mailing Address

149 N 4TH STREET
MACCLENNY FL 32063

3. Date Incorporated or Qualified
08/03/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

JOHNS, TOMMY
149 N. 4TH STREET
MACCLENNY FL 32063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 Zip Code

900001824349
-05/16/96--01038--002
***61.25 FL

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 state it is acceptable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NORBY, FLETCHER
STREET ADDRESS 2773 CASSATT AVE.
CITY-ST-ZIP JACKSONVILLE FL

11 TITLE D ☐ Change ☒ Addition
12 NAME BENNETT, BILLY
13 STREET ADDRESS PO BOX 360 N/A
14 CITY-ST-ZIP SANDERSON, FL

TITLE D ☐ DELETE
NAME CREWS, HENRY J
STREET ADDRESS 65 N 6TH STREET
CITY-ST-ZIP MACCLENNY FL

21 TITLE D ☐ Change ☒ Addition
22 NAME HINES, TOMMY
23 STREET ADDRESS RT 1 BOX 767
24 CITY-ST-ZIP MACCLENNY FL

TITLE STP ☒ DELETE
NAME JONES, B.J.
STREET ADDRESS ROUTE 1, BOX 920
CITY-ST-ZIP SANDERSON FL

31 TITLE ☐ Change ☒ Addition
32 NAME RHODES, G.W.
33 STREET ADDRESS RT 2 BOX 1670
34 CITY-ST-ZIP GLEN ST. MARY, FL

TITLE D ☐ DELETE
NAME JOHNS, TOMMY
STREET ADDRESS 149 N. 4TH STREET
CITY-ST-ZIP MACCLENNY FL

41 TITLE S/D ☐ Change ☒ Addition
42 NAME REYNOLDS, TERRY
43 STREET ADDRESS RT 1 BOX 4750
44 CITY-ST-ZIP GLEN ST. MARY, FL

TITLE VPD ☐ DELETE
NAME WILLIAMS, STEVE
STREET ADDRESS 132 PINE LOG ROAD
CITY-ST-ZIP GLEN ST MARY FL

51 TITLE P/T ☒ Change ☐ Addition
52 NAME JONES, B.J.
53 STREET ADDRESS RT 1 BOX 920
54 CITY-ST-ZIP SANDERSON FL

TITLE D ☐ DELETE
NAME RHODES, G.W.
STREET ADDRESS RT 2 BOX 1670
CITY-ST-ZIP GLEN ST. MARY, FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stefanos President Bill Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 904-275-2594
SG 5-1-96
Date Daytime Phone

CR2E037 (12/95)