

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
4. FEI Number: 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
JOHNS, TOMMY
149 N. 4TH STREET
MACCLENNY FL 32063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **900001824349**
84 City: *****61.25 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 officer 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D NORBY, FLETCHER	11 TITLE	D BENNETT BILLY
NAME	2773 CASSATT AVE.	12 NAME	PO BOX 360 NIA
STREET ADDRESS	JACKSONVILLE FL	13 STREET ADDRESS	SANDERSON, FL
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D CREWS, HENRY J	21 TITLE	D HINES TOMMY
NAME	65 N 6TH STREET	22 NAME	RT 1 BOX 787
STREET ADDRESS	MACCLENNY FL	23 STREET ADDRESS	MACCLENNY FL
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	STP JONES, B.J.	31 TITLE	RHODES G W
NAME	ROUTE 1, BOX 920	32 NAME	RT 2 BOX 1070
STREET ADDRESS	SANDERSON FL	33 STREET ADDRESS	GLEN ST. MARY, FL
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	D JOHNS, TOMMY	41 TITLE	S/O REYNOLDS TERRY
NAME	149 N. 4TH STREET	42 NAME	RT 1 BOX 4750
STREET ADDRESS	MACCLENNY FL	43 STREET ADDRESS	GLEN ST. MARY FL
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	VPD WILLIAMS, STEVE	51 TITLE	P/T JONES B J
NAME	132 PINE LOG ROAD	52 NAME	RT 1 BOX 920
STREET ADDRESS	GLEN ST MARY FL	53 STREET ADDRESS	SANDERSON FL
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	D RHODES G W	61 TITLE	
NAME	RT 2 BOX 1070	62 NAME	
STREET ADDRESS	GLEN ST. MARY, FL	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

11 TITLE	D BENNETT BILLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PO BOX 360 NIA	
13 STREET ADDRESS	SANDERSON, FL	
14 CITY - ST - ZIP		
21 TITLE	D HINES TOMMY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	RT 1 BOX 787	
23 STREET ADDRESS	MACCLENNY FL	
24 CITY - ST - ZIP		
31 TITLE	RHODES G W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RT 2 BOX 1070	
33 STREET ADDRESS	GLEN ST. MARY, FL	
34 CITY - ST - ZIP		
41 TITLE	S/O REYNOLDS TERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RT 1 BOX 4750	
43 STREET ADDRESS	GLEN ST. MARY FL	
44 CITY - ST - ZIP		
51 TITLE	P/T JONES B J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	RT 1 BOX 920	
53 STREET ADDRESS	SANDERSON FL	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steve Jones President* **Steve Jones**
Date: 5/1/96 Daytime Phone: 904-275-2594
SG: 5-1-96

CFR2E037 (12/95)