

FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759416** (1)

1. Corporation Name

**MACCLENNY HUNTING CLUB, INC.**

Principal Place of Business

Mailing Address

**149 N 4TH STREET  
MACCLENNY FL 32063**

**149 N 4TH STREET  
MACCLENNY FL 32063-2111**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1981</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
22 <b>132 Pine Log Road</b>		27 <b>132 Pine Log Road</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>Glen St. Mary, FL</b>		28 <b>Glen St. Mary, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>32040</b>		29 <b>32040</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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	<b>Steve Williams</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>132 Pine Log Road</b>
83	
84 City	<b>Glen St. Mary FL</b>
85 Zip Code	<b>32040</b>

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 Steve Williams (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE MAY 22, 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NORBY, FLETCHER</b>			1.2 NAME	<b>Williams, Steve</b>		
STREET ADDRESS	<b>2773 CASSATT AVE.</b>			1.3 STREET ADDRESS	<b>132 Pine Log Road</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			1.4 CITY-ST-ZIP	<b>Glen St. Mary, FL 32040</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CREWS, HENRY J</b>			2.2 NAME	<b>Reynolds, Terry</b>		
STREET ADDRESS	<b>65 N 6TH STREET</b>			2.3 STREET ADDRESS	<b>Rt. 1, Box 4750</b>		
CITY-ST-ZIP	<b>MACCLENNY FL</b>			2.4 CITY-ST-ZIP	<b>Glen St. Mary, FL 32040</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BENNETT, BILLY</b>			3.2 NAME	<b>Ponder, Allen</b>		
STREET ADDRESS	<b>P.O. BOX 360 N/A</b>			3.3 STREET ADDRESS	<b>11105 Grayson Street</b>		
CITY-ST-ZIP	<b>SANDERSON FL</b>			3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32220</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JOHNS, TOMMY</b>			4.2 NAME	<b>Gibson, Darren</b>		
STREET ADDRESS	<b>149 N. 4TH STREET</b>			4.3 STREET ADDRESS	<b>Rt. 1, Box 2110</b>		
CITY-ST-ZIP	<b>MACCLENNY FL</b>			4.4 CITY-ST-ZIP	<b>St. George, GA 31646</b>		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, STEVE</b>			5.2 NAME	<b>Johns, Tommy</b>		
STREET ADDRESS	<b>132 PINE LOG ROAD</b>			5.3 STREET ADDRESS	<b>149 N. 4th St.</b>		
CITY-ST-ZIP	<b>GLEN ST MARY FL</b>			5.4 CITY-ST-ZIP	<b>Macclenny, FL 32063</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HINES, TOMMY</b>			6.2 NAME			
STREET ADDRESS	<b>RT 1 BOX 757</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MACCLENNY FL</b>			6.4 CITY-ST-ZIP			

14. I do 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: Jerry Reynolds SIGNATURE: QUINCY REYNOLDS DATE: MAY 22, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000829

CR2E037 (9/96)