## FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

760091

(9)

<b>DEED</b>	CREEK	HUNTING	CHIR	OF	BRYCEVILLE.	INC.

21 26 NOT APPLICABLE No. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Record Campaign Financing Trust Fund Contribution Added Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 1	pplied For lot Applicable Additional lequired May Be to Fees
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Country   Zip	pplied For ot Applicable Additional lequired May Be to Fees 199.032,
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Argument   NOT APPLICABLE   Not Application   Sa.75 / Fee Record   Status Desired   Sa.75 / Fee Record   Status Desired   Sa.75 / Fee Record   Status Desired   Sa.75 / Fee Record   Sa.75 / Fee Record   Not Application   No	pplied For ot Applicable Additional lequired May Be to Fees 199.032,
Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State City & Country City & Co	ot Applicable Additional lequired May Be to Fees 199.032,
Fee Re City & State City & State  City & State  28  City & State City & State  29  Country Country Cip	May Be to Fees 199.032,
Trust Fund Contribution Added Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 1 24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	to Fees 199.032,
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Code
	Code
of Name	Code
	Code
RYAN, DAVID  268 W DREW ST.  82 Street Address (P.O. Box Number is Not Acceptable)	Code
BALDWIN FL 32234 83	Code
84 City FL 85 Zip	
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 recorregistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  Signature typed or protect name of registered agents and other typed or protect name of registered agents agreed agent agents agreed agent agents agreed agent agent and other typed or protect name of registered agents agreed agent a	agent. I an
12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTOR	
THLE PD DELETE 11 TILE Change	Addition
NAME RYAN, DAVID 12 NAME	
STREET ADDRESS 268 W. DREW ST. 13 STREET ADDRESS	İ
City-st-zip         BALDWIN FL         14 City-st-zip           Title         VD         DELETE         21 Title         Change	Addition
Tropics, Codific	
STREET ADDRESS 12017 W BEAVER ST. 23 STREET ADDRESS 24 CITY-ST-ZIP JACKSONVILLE FL 24 CITY-ST-ZIP	
TITLE D DELETE 31 TITLE Change	A delicio
NAME GIDDENS, DARRELL 32 NAME	<b>-</b>
STREET ADDRESS RT. 1 BOX 589 33 STREET ADDRESS	
OTY ST ZIP BRYCEVILLE FL 34 CITY-ST-ZIP	
TIFLE TO DELETE 41 TIFLE Charge	☐ Addition
NAME THORNTON, WAYNE 4 2 NAME	
STREET ADDRESS 2937 TINSLEY ROAD 4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 44 CITY-ST-ZIP	
TIFLE DELETE 51 TIFLE Change	☐ Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP	- Addison
	Add:tion
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-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 Statute	es I further

certify that the information innicated 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 ox on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 904-384807/