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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761390

(4)

1. Corporation Name

LESSIE HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

% HUBERT N. VANZANT
RT. 1, BOX 290 STATE RD. 108
HILLIARD FL 32046

% HUBERT N. VANZANT
RT. 1, BOX 290 STATE RD. 108
HILLIARD FL 32046

3. Date Incorporated or Qualified
01/08/1982

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 % Hubert N. Vanzant

26 Suite, Apt. #, etc.

22 RT 1 BOX 290

27 Suite, Apt. #, etc.

23 Hilliard FL

28 City & State

24 32046

29 Zip Country

30 Hilliard FL 32046

4. FEI Number
59-1223605

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

VANZANT, HUBERT N.
RURAL ROUTE 1, BOX 290 N/A
HILLIARD FL 32046

81 Name VANZANT Hubert N.
82 Street Address (P.O. Box Number is Not Acceptable)
RT 1 BOX 290 STATE RD 108
83 Hilliard FL 32046
84 City 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 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 title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CANZANT HUBERT N.
STREET ADDRESS ROUTE 1, BOX 290
CITY-ST-ZIP HILLIARD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME VANZANT, LARRY DEAN
STREET ADDRESS RT. 3, BOX 202
CITY-ST-ZIP YULEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME VANZANT, CHARLES HENRY
STREET ADDRESS RT. 3, BOX 201
CITY-ST-ZIP YULEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 904 845 3432
Date Daytime Phone #

CR2E037 (12/95)