FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -9 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

DOCUMENT # 769359 (1)

1. Corporation Name
CHOCTAWHATCHEE RIVER HUNTING CLUB, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 14 REDBAY FL 32455	P.O. BOX 14 REDBAY FL 32455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1983
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2846480 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARD, KAISER
HIGHWAY 81
RED BAY FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WARD, KAISER	1.2 NAME		
STREET ADDRESS	HIGHWAY 81	1.3 STREET ADDRESS		
CITY-ST-ZIP	RED BAY FL	1.4 CITY-ST-ZIP		
TITLE	~~ST~~	2.1 TITLE	~~ST~~ V.P.	☒ Change ☐ Addition
NAME	~~SCHISSLER, GEORGE~~	2.2 NAME	Gilmore Lloyd	
STREET ADDRESS	~~PO BOX 288 N/A~~	2.3 STREET ADDRESS	C.O. P.O. Box 8H 84	7805 Liberty Ave
CITY-ST-ZIP	~~FREEPORT, FL 00000~~	2.4 CITY-ST-ZIP		Southport, Fla. 32409
TITLE	VP	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	BISHOP, GLEN	3.2 NAME	BISHOP, GLEN	
STREET ADDRESS	P.O. BOX 129	3.3 STREET ADDRESS	P.O. Box 129	
CITY-ST-ZIP	BRUCE FL	3.4 CITY-ST-ZIP	BRUCE, FL.	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Kaiser H Ward KAISER WARD 1-28-95 904-836-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020004