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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **770947** **(0)**

1. Corporation Name
BLACKPOWDER HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
4061 NW 43RD ST S-10 GAINESVILLE FL 32606 US	4061 NW 43RD ST S-10 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1983	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2874589	☐ 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

HICKOX, FRANK
4061 NW W43RD ST
S-10
GAINESVILLE FL 32606

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CANNON, DAVID	12 NAME	JOE CAMPBELL	
STREET ADDRESS	5009 NE 77TH TERR	13 STREET ADDRESS	Rt. 3 BOX 585	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	ALACHUA, FL. 32615	
TITLE	VP	21 TITLE	VPD	☒ Change ☐ Addition
NAME	ELLIS, MICHEL	22 NAME	HENRY HINES	
STREET ADDRESS	22525 SR 236	23 STREET ADDRESS	Rt. 1 BOX 137	
CITY-ST-ZIP	HIGH SPRINGS FL	24 CITY-ST-ZIP	ALACHUA, FL. 32615	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	HICKOX, FRANK	32 NAME	(BUD) BAYLES, HOWARD L. JR.	
STREET ADDRESS	4061 NW 43RD ST S-10	33 STREET ADDRESS	PO BOX 586	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	ALACHUA, FL. 32615	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RE-MAILED BY MAY 1

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] . HOWARD (BUD) L. BAYLES JR. 4/24/95 (904) 376-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000884