

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770947 (0)

1. Corporation Name

BLACKPOWDER HUNTING CLUB, INC.



Principal Place of Business

4061 NW 43RD ST
S-10
GAINESVILLE FL 32606
US

Mailing Address

4061 NW 43RD ST
S-10
GAINESVILLE FL 32606
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
10/26/1983

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

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 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 signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
CAMPBELL, JOE
RT. 3, BOX 505
ALACHUA FL

DELETE ☐

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
HINES, HENRY
RT. 1, BOX 137
ALACHUA FL

DELETE ☒

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
HOWARD, (BUD) BAYLES L J
P.O. BOX 586
ALACHUA FL

DELETE ☒

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE ☐

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE ☐

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE ☐

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DV
EVANS, JAMES
14107 NW 108A
ALACHUA, FL. 32616
TREASURER
HOWARD L. (BUD) BAYLES JR.
P.O. BOX 586
ALACHUA, FL. 32616

SECRETARY
THOMAS POTTS JR.
P.O. BOX 43
HIGH SPRINGS, FL.

Change ☐ Addition ☐

Change ☒ Addition ☐

Change ☒ Addition ☐

Change ☐ Addition ☒

Change ☐ Addition ☐

Change ☐ Addition ☐

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

Date

Daytime Phone #

0003066

CR2E037 (3/96)