

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # 770947 1. Corporation Name BLACK POWDER HUNTING CLUB, INC.																																																																													
Principal Place of Business 4061 N.W. 43RD STREET SUITE 10 GAINESVILLE, FL. 32606			Mailing Address 4061 N.W. 43RD ST. SUITE 10 GAINESVILLE, FL 32606																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/26/1983 4. FEI Number 59-2874589 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																									
9. Name and Address of Current Registered Agent HICKOX, FRANK 4061 NW 43RD ST. SUITE 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																													
12. OFFICERS AND DIRECTORS																																																																													
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)