FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

- A 1800) (1800) (200) (180) (180) (180) (180) (180) (180) (180) (180) (180) (180) (180) (180)

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

771003

(1)

FARMTON HUNTING & SPORTMEN'S ASSOCIATION, INC.

| | | | | | | | | |
|--|---|---|---------------------|--------------------|----------------------|--|---|---|
| Principal Place of Business Mailing Address | | | | | | 1 100111 10011 10021 11811 0011 00100 | \${ | IBU: 01411 DIBH 1401 |
| 135 SOUTH CENTER RD. SANFORD FL 32771 | | 135 SOUTH CENTER RD. SANFORD FL 32771-8305 | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 10/31/1983 | 3a. Date of La 11/20 | st Report /1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number Applied For | | Applied For |
| 21 | | 26 | | | | | | Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 75 Additional e Reguired |
| 22 City & State | | [27] City & State | City & State | | | & Election Compaign Financing | | , |
| 23 | | | 28 | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be ded to Fees |
| Zip | Country | Zip | Co | untry | | 8. This corporation has liability for | | |
| 24 | 25 | 29 | 30 | | | · · · · · · · · · · · · · · · · · · · | Yes M No | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Re | gistered Agent | |
| | | | | 81 | Name | | | |
| PELHAM, DAN | | | | 82 | Street Addr | dress (P.O. Box Number is Not Acceptable) | | |
| 135 SOUTH CENTER RD. | | | | 83 | | | | |
| SANFORD FL 32771 | | | | 63 | | | | |
| | | | | 84 | City | | FL 85 | Zip Code |
| 11. Pursuant office or r | to the provisions of Sections 617.050 enistered argent, or both, in the State | 02 and 617.1508, Florida Statut | es, the a | bove | e-named corp | oration submits this statement for the pion's board of directors. I hereby accept | purpose of changi | ng its registered |
| agent. I a | m lamiliar with, and accept the oblig | ations of, Section 617.0503, FI | orida Sta | tutes | S | and the second of the second o | بهم مسرد | ~ |
| SIGNATURE | Lan Illha | a, DAN PER | MAI | 1/ | Presid | - Ju | -/3-9 | <u></u> |
| Signature typed or printed name of registered agent and this if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS | | | | O Age | int signatura recoin | ad when reinstating) ADDITIONS/CHANGES TO OFFIC | CERS AND DIREC | TORS IN 12 |
| TITLE | Р | DELETE | 1.1 T | ITLE | | | ☐ Cha | |
| NAME | PELHAM, DAN | | 1,2 N | IAME | | | | • |
| STREET ADDRESS | 135 S CENTER RD. | | 1.3 \$ | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | SANFORD FL 32771 | | 1.4 0 | 1.4 CITY-ST-ZIP | | | | |
| TITLE | VD DELETE | | 2.1 T | 2.1 TITLE | | | ☐ Cha | nge 🔲 Addition |
| NAME | BASS, MAX | | 2.2 N | 2.2 NAME | | | | |
| STREET ADDRESS | 423 SCOTT ST. | | 2.3 \$ | TREET | ADDRESS | | | |
| CITY-ST-ZIP | SANFORD FL 32771 | | | 2. 4 CITY-ST-ZIP | | ······································ | | |
| TITLE | TO DELETE | | | 3.1 TITLE | | | L Chai | nge L Addition |
| NAME DESCRIPTION | HALL, MARY 464 LEMON BLUFF RD. | | 1 | IAME | | | | |
| STREET ADDRESS | OSTEEN FL 32764 | | 1 | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | SD SIEEN FL 32/04 | DELETE | 3.4. (4.1 T | CITY-S | or-ZIP | | ☐ Chai | nge Addition |
| NAME | BAKER, BOOTS | - occur | | NAME | } | | | ngo |
| STREET ADDRESS | 497 N. YOUNG ST. | | | | ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | | HTY-S | į į | | | |
| TITLE | D | | | ITLE | | | ☐ Cha | nge Addition |
| NAME | THOMAS, LAMAR | | 5.2 N | IAME | | | | |
| STREET ADDRESS | 514 TOPAZ WAY | | 5.3 \$ | TREET | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32773 | | 5.4 0 | HTY-S | T-ZIP | | | |
| TITLE | D | ☐ DELETE | 6.1 T | | | | ☐ Cha | nge Addition |
| NAME | HAWS, BOBBY | | 6.2 N | IAME | | | | |
| STREET ADDRESS | 760 MALLARD DR. | | 6.3 S | TAEET | ADDRESS | | | |
| CITY-ST-ZIP | SANFORD FL 32772 | | | ITY-S | | | | • |
| 14 Ldo herek | ay cortify that the information cumplic | d with this filing does not quali | fu for the | | motion stated | in Section 110 07/2\(ii\) Florida Statuto | a I fuetbox portifue | that the |

in on nereby 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.

SIGNATURE: MAIN MALLORING OFFICER OF DIRECTOR Date Date Dayline Phone # 0014644