


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **771003** (1)
1. Corporation Name
FARMTON HUNTING & SPORTMEN'S ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 135 SOUTH CENTER RD. SANFORD FL 32771 | Mailing Address 135 SOUTH CENTER RD. SANFORD FL 32771 |
|---|---|

| | |
|--|--------------------------------------|
| 3. Date Incorporated or Qualified 10/31/1983 | Applied For NOT APPLICABLE |
|--|--------------------------------------|

| | |
|---|--|
| 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 |
|---|--|

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|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**PELHAM, DAN
135 SOUTH CENTER RD.
SANFORD FL 32771**

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 *Dan Pelham* **DAN PELHAM**
Signature, typed or printed name of registered agent and title if applicable.

DATE **1-21-1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PELHAM, DAN | |
| STREET ADDRESS | 135 S CENTER RD. | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BASS, MAX | |
| STREET ADDRESS | 423 SCOTT ST. | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HALL, MARY | |
| STREET ADDRESS | 464 LEMON BLUFF RD. | |
| CITY-ST-ZIP | OSTEEN FL 32764 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BAKER, BOOTS | |
| STREET ADDRESS | 497 N. YOUNG ST. | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOMAS, LAMAR | |
| STREET ADDRESS | 514 TOPAZ WAY | |
| CITY-ST-ZIP | ORLANDO FL 32773 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAWS, BOBBY | |
| STREET ADDRESS | 760 MALLARD DR. | |
| CITY-ST-ZIP | SANFORD FL 32772 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Dan Pelham* **DAN PELHAM** 1-21-1998 401-322-9375

CR2E037 (10/97)