1-15-98 B-0128 NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N00146

(3)

BAY LAKE CONSERVATION/HUNTING CLUB, INC.

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Jan 1	15 1	998	8:00am	Ì
Se	cret	ary	of State	

Principal Place of Business Mailing Address			•						
GROVERC CRISWELL 15001 NE 248TH AVE RD SALT SPRINGS FL 32134		GROVERC CRISWELL 15001 NE 248TH AVE RD SALT SPRINGS FL 32134		3. Date Incorporated or Qualified 12/02/1983 4. FEI Number Applied					
				NOT APPLICABLE		Not Applicable			
2. Principal Place of But 21	siness	2a. Mailing Address 26				5. Certificate of Status Desired		75 Additional se Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	00 May Be ded to Fees			
City & State		City & State				7. Is this nonprofit corporation a homeowne	rs assoc	clation?	
Zip 24	Country 25	Zip 29	30 Cou	ıntry		This corporation owes or has pald the cu Personal Property Tax due June 30.	rrent ye.	ar Intangible	
9, Nam	e and Address of Cur	rent Registered Agent		L.,		10. Name and Address of New Registered	Agent		
				81	Name				
CRISWELL, GROVER C. 15001 NE 248TH AVE RD SALT SPRINGS FL 32134				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
				83					
				84	City	FL	.	Zip Code	
office or registered a	agent, or both, in the St	0502 and 617.1508, Florida Star ate of Florida. Such change wa bligations of Section 617.0503.	as authorized	d by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	f chang pointme	ing its registered nt 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 rec	puired when reinstaling)	DATE			
12.	OFFICERS AND DIREC	.,	13.		TO OFFICERS AND DIRECTO	RS IN 12		
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	VAUGHAN, BILL		1.2 NAME			1		
STREET ADDRESS	10654 N.E. 207TH LANE		1.3 STREET ADDRESS					
CITY-ST-ZIP	FT. MCCOY FL 32134		1.4 CITY-ST-ZIP					
TITLE	VPD	DELETE	2.1 TITLE		Change	Addition		
NAME	LITTLE, JAMES		2.2 NAME					
STREET ADDRESS	RT. 3 BOX 1852 N/A		2.3 STREET ADDRESS					
CITY-ST-ZIP	PALATKA FL 32177		2. 4 CITY-ST-ZIP					
TITLE	STD	DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME	CRISWELL, GROVER C.		3.2 NAME					
STREET ADORESS	15001 N.E. 248TH AVE. RD.		3.3 STREET ADDRESS					
CITY-ST-ZIP	SALT SPRINGS FL 32134		3.4. CITY-ST-ZIP					
TITLE	ВМ	DELETE	4.1 TITLE		Change	Addition		
NAME	JONES, HORACE		4. 2 NAME					
STREET ADDRESS	5331 LUNN RD.		4.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33811		4.4 CITY-ST-ZIP					
TITLE	ВМ	☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME	MATCHETT, HUGH		5.2 NAME					
STREET ADDRESS	N.E. 212TH STREET		5.3 STREET ADDRESS					
CITY-ST-ZIP	ORANGE SPRINGS FL 32182		5.4 CITY-ST-ZIP			ļ		
TITLE	BM	DELETE	6.1 TITLE		Change	Addition		
NAME	RYALS, RAY		6.2 NAME					
STREET ADDRESS	6314 NO. BLACK DAIRY RD.		6.3 STREET ADDRESS					
	OFFERIOD EL MORGA							

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 emporator of the 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.