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**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00146**

1. Corporation Name

**BAY LAKE CONSERVATION/HUNTING CLUB, INC.**

Principal Place of Business

GROVER CRISWELL  
15001 NE 248TH AVE RD  
SALT SPRINGS FL 32134

Mailing Address

GROVER CRISWELL  
15001 NE 248TH AVE RD  
SALT SPRINGS FL 32134



2. Principal Place of Business

21 **NICK HAYNES**

Suite, Apt. #, etc.

22 **20455 NE 135<sup>th</sup> AV.**

City & State

23 **FT. MCCOY, FL**

Zip

24 **32134**

Country

25 **MARION**

2a. Mailing Address

26 **NICK HAYNES**

Suite, Apt. #, etc.

27 **20455 NE 135<sup>th</sup> AV**

City & State

28 **FT. MCCOY, FL**

Zip

29 **32134**

Country

30 **MARION**

3. Date Incorporated or Qualified

**12/02/1983**

4. FEI Number

**NOT APPLICABLE**

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

9. Name and Address of Current Registered Agent

CRISWELL, GROVER C.  
15001 NE 248TH AVE RD  
SALT SPRINGS FL 32134

10. Name and Address of New Registered Agent

81 Name

**NICK HAYNES**

82 Street Address (P.O. Box Number is Not Acceptable)

**20455 NE 135<sup>th</sup> AV.**

83

84 City

**FT. MCCOY**

FL

85 Zip Code

**32134**

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 **NICK HAYNES STD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**1-13-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **VAUGHAN, BILL**  
STREET ADDRESS **10654 N.E. 207TH LANE**  
CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE **VPD** ☒ DELETE  
NAME **LITTLE, JAMES**  
STREET ADDRESS **RT. 3 BOX 1852 N/A**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **STD** ☒ DELETE  
NAME **CRISWELL, GROVER C.**  
STREET ADDRESS **15001 N.E. 248TH AVE. RD.**  
CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE **BM** ☒ DELETE  
NAME **JONES, HORACE**  
STREET ADDRESS **5331 LUNN RD.**  
CITY-ST-ZIP **LAKE LAND FL 33811**

TITLE **BM** ☒ DELETE  
NAME **MATCHETT, HUGH**  
STREET ADDRESS **N.E. 212TH STREET**  
CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE **BM** ☒ DELETE  
NAME **RYALS, RAY**  
STREET ADDRESS **6314 NO. BLACK DAIRY RD.**  
CITY-ST-ZIP **SEFFNER FL 33584**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **SIMMS, FRANCIS**  
1.3 STREET ADDRESS **10250 NE 211<sup>th</sup> PL.**  
1.4 CITY-ST-ZIP **FT. MCCOY, FL. 32134**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **HARTZNER, CHARLES**  
2.3 STREET ADDRESS **14723 N. FLORIDA AV.**  
2.4 CITY-ST-ZIP **TAMPA, FL. 33613**

3.1 TITLE **STD** ☒ Change ☐ Addition  
3.2 NAME **HAYNES, NICK**  
3.3 STREET ADDRESS **20455 NE 135<sup>th</sup> AV.**  
3.4 CITY-ST-ZIP **FT. MCCOY, FL. 32134**

4.1 TITLE **BM** ☒ Change ☐ Addition  
4.2 NAME **WALDRON, JOHNNY**  
4.3 STREET ADDRESS **20455 NE 135<sup>th</sup> AV.**  
4.4 CITY-ST-ZIP **FT. MCCOY, FL. 32134**

5.1 TITLE **BM** ☒ Change ☐ Addition  
5.2 NAME **RYALS, GERALD**  
5.3 STREET ADDRESS **13031 HWY 92**  
5.4 CITY-ST-ZIP **DOVER, FL. 33627**

6.1 TITLE **BM** ☒ Change ☐ Addition  
6.2 NAME **BLAND, WESLEY**  
6.3 STREET ADDRESS **1303 ST. ANDREWS DR.**  
6.4 CITY-ST-ZIP **TAMPA, FL. 33613**

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 REQUIRED HAYNES STD**

**1-13-99 (727) 834-3237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)