FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N06121

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THANKIN	CENTED	HUNTING	CLUB	INC.
INIPENI	I.FNIFK	MUNING	ULUD,	HAO:

DUPONT CENTER HUNTING CLUB, INC.						
Principal Place of	Business	Mailing Address			f iffitein bit antia attet trass trass	lifer didte geger beger ander armis geger sag
,		9430 US #1 SOUTH				
9430 US #1 SOUTH ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086		1086				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
					11/09/1984	04/10/1995 Applied For
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-2938391	Not Applicat
. <u> </u>		26			59-2936391	\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
2	<u></u>	City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
2 P	25	29	30			Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	agistered Agent
				81 Name		
KUNG W	/ILLIAM JR.		1	82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
	#1 SOUTH		•	02		
	USTINE FL 32086			83		
2,,,,,	=		ļ	84 City		FL 85 Zip Code
			1 - 4	to seemed server	ration submits this statement for the pur rd of directors. I hereby accept the appo	sees of changing its registered of
 Pursuant to or registere familiar with 	o the provisions of Sections 617.05 ad agent, or both, in the State of Fl a, and accept the obligations of, S	orida. Such change was author ection 617.0503, Florida Statute	ized by the c	corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pintment as registered agent. I ar
SIGNATURE _		Resident State of the State of	NOTE: Registered	Agent signature require	od wher reinstaling)	DATE
	Signature, typed or printed name of registered as	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TI	TLE		Change Additi
NAME	POIRIER, C. H.		1.2 N	AME		
STREET ADDRESS	100 SR 206 WEST		1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		14C	ITY-ST-ZIP		Change Addit
TITLE	0.7000011112	DELETE	2.1 T	ITLE		☐ Change ☐ Addit
NAME	BURNEY, J. B.		2.2 N	.AME		
STREET ADDRESS	24 PELLICER LANE		235	TREET ADDRESS		
CITY - ST- ZIP	ST AUGUSTINE FL			CITY - ST - ZIP		Change Addi
TITLE	TD	DELETE	3.1 T			
NAME	KLING, WILLIAM, JR.			NAME		
STREET ADDRESS	9430 US #1 SOUTH			STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	DELETE		CITY - ST - ZIP		☐ Change ☐ Addi
TITLE	SD	Присис		NAME		
NAMÉ	LUNDQUIST, TIM			STREET ADDRESS		
STREET ADDRESS	196 ABBEY ST.			CITY-ST-ZIP		
CITY - ST - ZIP	ST. AUGUSTINE FL	DELETE		TITLE		☐ Change ☐ Add
TITLE	VD	_	5.2	NAME		
NAME OXDEET ADDRESS	LUNDQUIST, G. D. 196 ABBEY ST		53	STREET ADDRESS		
STREET ADDRESS	ST. AUGUSTINE FL		5.4	CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D SI. AUGUSTINE PE	DELETE	6.1	TITLE		☐ Change ☐ Ado
NAME	BURNEY,EDISON JR.		62	NAME		
STREET ADDRESS	24 PELLICER LANE		63	STREET ADDRESS		
1	1		6.4	CITY - ST - ZIP		
	I SLAUGUSHNE EL		0.5	CHIT-SI-ZIF	y for the exemption stated in Section 11 urate and that my signature shall have th	0.07(2)(k) Florida Statutos I furti

3-27-96 (104) 797-7888