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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06121** (0)

1. Corporation Name

DUPONT CENTER HUNTING CLUB, INC.



Principal Place of Business 9430 US #1 SOUTH ST. AUGUSTINE FL 32086	Mailing Address 9430 US #1 SOUTH ST. AUGUSTINE FL 32086-8025
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2. Principal Place of Business 21 2880 OLD MOULTRIE RD.	2a. Mailing Address 26 2880 OLD MOULTRIE RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. AUGUSTINE FL.	City & State 28 ST. AUGUSTINE FL.
Zip 24 32086	Country 25 USA
Zip 29 32086-5454	Country 30 USA

3. Date Incorporated or Qualified 11/09/1984	3a. Date of Last Report 04/04/1996
4. FEI Number 59-2938391	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLING, WILLIAM JR. 9430 US #1 SOUTH ST. AUGUSTINE FL 32086	
81 Name DAVID C. KLING	82 Street Address (P.O. Box Number is Not Acceptable) 2880 OLD MOULTRIE RD.
83	
84 City ST. AUGUSTINE FL.	85 Zip Code FL 32086

10. Name and Address of New Registered Agent	
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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 *[Signature]* DATE **3-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME POIRIER, C. H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 SR 208 WEST	CITY-ST-ZIP ST. AUGUSTINE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME BURNEY, J. B.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 24 PELICER LANE	CITY-ST-ZIP ST AUGUSTINE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE TD	NAME KLING, WILLIAM, JR.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9430 US #1 SOUTH	CITY-ST-ZIP ST AUGUSTINE FL	3.2 NAME	
		3.3 STREET ADDRESS 2880 OLD MOULTRIE RD.	
		3.4 CITY-ST-ZIP ST. AUGUSTINE FL. 32086	
TITLE SD	NAME LUNDQUIST, TIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 108 ABBEY ST.	CITY-ST-ZIP ST. AUGUSTINE FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE VD	NAME LUNDQUIST, G. D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 108 ABBEY ST	CITY-ST-ZIP ST. AUGUSTINE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME BURNEY, EDISON JR.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 24 PELICER LANE	CITY-ST-ZIP ST AUGUSTINE FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)