

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N10632 (0)

1. Corporation Name

BURNT ISLAND HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

C/O LOUIS W R OWELL  
P.O. BOX 280  
OLD TOWN FL

C/O LOUIS W R OWELL  
P.O. BOX 280  
OLD TOWN FL

3. Date Incorporated or Qualified  
08/09/1985

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-3016766

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWELL, LOUIS  
RT 3 BOX 301 3  
OLD TOWN FL 32680

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GANEY, GEORGE  
STREET ADDRESS PO BOX 1386 HWY 55A N/A  
CITY-ST-ZIP CROSS CITY FL 32628

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ DELETE  
NAME KEEN, DAVID L., SR.  
STREET ADDRESS RT. 3, BOX 598  
CITY-ST-ZIP OLD TOWN FL 32680

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME GIDDENS, ROY  
STREET ADDRESS 7325 W PORPISE DR  
CITY-ST-ZIP HOMOSASSA FL 32646

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE  
NAME GRUBBS, DONALD  
STREET ADDRESS PO BOX 371 HWY 55A N/A  
CITY-ST-ZIP OLD TOWN FL 32680

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD ☐ DELETE  
NAME ROWELL, LOUIS W  
STREET ADDRESS RT 3 BOX 301  
CITY-ST-ZIP OLD TOWN FL 32680

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE  
NAME BORKLUND, RICHARD E.  
STREET ADDRESS PO BOX 125, HWY 349 N/A  
CITY-ST-ZIP CROSS CITY 32 628

61 TITLE ☒ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: Louis W. Rowell Louis W. Rowell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (352) 542-3421  
Date Daytime Phone #

CR2E037 (12/95)