

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N10842** (5)
1. Corporation Name
SOUTH-GATE HUNTING CLUB, INC.



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| Principal Place of Business C/O THOMAS RHODEN 515 SOUTH 6TH STREET MACLENNY FL 32063 | Mailing Address C/O THOMAS RHODEN 515 SOUTH 6TH STREET MACLENNY FL 32063-2605 |
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| 3. Date Incorporated or Qualified 08/23/1985 | 3a. Date of Last Report 04/09/1996 |
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|---|--|---|---|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-2655913 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|---|---|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RHODEN, THOMAS
515 SOUTH 6TH STREET
MACLENNY FL 32063**

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RHODEN, THOMAS | 1.2 NAME | |
| STREET ADDRESS | 515 SOUTH 6TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MACLENNY FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESTON, DAVIS | 2.2 NAME | |
| STREET ADDRESS | RT 1 BOX 94 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANDERSON FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALES, ROLAND | 3.2 NAME | |
| STREET ADDRESS | RT 4 BOX 338 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, RONNIE | 4.2 NAME | |
| STREET ADDRESS | 226 CEDAR CREEK DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANDERSON FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *Ronnie Davis* **Ronnie Davis**

4-7-97 904-275-7663

CR2E037 (9/96)