

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



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
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3. Date Incorporated or Qualified 08/23/1985
4. FEI Number 59-2655913
Applied For ☐ Not Applicable

2. Principal Place of Business 21 South Gate Hunting Club Suite, Apt. #, etc. 22 PO Box 122 City & State 23 Sanderson, FL Zip 24 32087 Country 25 USA	2a. Mailing Address 26 South Gate Hunting Club Suite, Apt. #, etc. 27 PO Box 122 City & State 28 Sanderson FL Zip 29 32087 Country 30 USA
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**RHODEN, THOMAS
515 SOUTH 6TH STREET
MACLENNY FL 32063**

10. Name and Address of New Registered Agent	
81 Name Ronald Davis	
82 Street Address (P.O. Box Number Is Not Acceptable) 226 Cedar Creek Drive	
83 Box 226	
84 City Sanderson	85 Zip Code FL 32087

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 **Ronald Davis** **Ronald Davis** **4-4-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	☒ DELETE
NAME RHODEN, THOMAS	
STREET ADDRESS 515 SOUTH 6TH STREET	
CITY-ST-ZIP MACLENNY FL	
TITLE VD	☒ DELETE
NAME PRESTON, DAVIS	
STREET ADDRESS RT 1 BOX 94	
CITY-ST-ZIP SANDERSON FL	
TITLE SD	☒ DELETE
NAME BALES, ROLAND	
STREET ADDRESS RT 4 BOX 338 N/A	
CITY-ST-ZIP LAKE CITY FL	
TITLE TD	☒ DELETE
NAME DAVIS, RONNIE	
STREET ADDRESS 226 CEDAR CREEK DRIVE	
CITY-ST-ZIP SANDERSON FL	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	☐ Change ☐ Addition
1.2 NAME Preston Davis	
1.3 STREET ADDRESS RT 1 Box 94	
1.4 CITY-ST-ZIP SANDERSON, FL 32087	
2.1 TITLE VD	☐ Change ☐ Addition
2.2 NAME WAYNE ALBOND	
2.3 STREET ADDRESS RT 1 BOX 415	
2.4 CITY-ST-ZIP SANDERSON, FL 32087	
3.1 TITLE SD	☐ Change ☐ Addition
3.2 NAME William I. Williams	
3.3 STREET ADDRESS RT 1 BOX 108	
3.4 CITY-ST-ZIP SANDERSON, FL 32087	
4.1 TITLE TD	☒ Change ☐ Addition
4.2 NAME Ronald Davis	
4.3 STREET ADDRESS 226 Cedar Creek Drive	
4.4 CITY-ST-ZIP SANDERSON, FL 32087	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Ronald Davis** **Ronald Davis TD 4-4-98** (904) **226-2663**

CR2E037 (10/97)