


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N11427** (4)

1. Corporation Name

ALTHA SPORTSMAN CLUB, INC.

Principal Place of Business

RT 1 BOX 221
ALTHA FL 32421
US

Mailing Address

RT 1 BOX 221
ALTHA FL 32421
US



3. Date Incorporated or Qualified
10/03/1985

3a. Date of Last Report
03/08/1995

2. Principal Place of Business
21 RT. 2, Box 298-A

2a. Mailing Address
26 RT. 2 Box 298-A

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Altha, Fl. 32421

27 City & State
28 Altha, Fl. 32421

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country
32421 Calhoun

29 Zip Country
32421 Calhoun

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

PARSONS, STEWART E.
403 AZALEA DRIVE
CHATTAHOOCHEE FL 32324

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

TITLE PD
NAME BARKER, THOMAS D.
STREET ADDRESS HWY 392
CITY-ST-ZIP KINARD FL

TITLE VD
NAME CHASON, ARLO
STREET ADDRESS RT. 1, BOX B-221
CITY-ST-ZIP ALTHA FL

TITLE STD
NAME ALSOBROOKS, CHARLES
STREET ADDRESS TRAILER CITY
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Mike Griffin
1.3 STREET ADDRESS RT 2 Box 297
1.4 CITY-ST-ZIP Altha, Fl. 32421

2.1 TITLE VD
2.2 NAME Jimmy Musgrove
2.3 STREET ADDRESS Rt 2, Altha, fl. 32421
2.4 CITY-ST-ZIP ~~Box 404~~

3.1 TITLE STD
3.2 NAME Steve Alday Jr.
3.3 STREET ADDRESS Rt. 2 Box 298-A
3.4 CITY-ST-ZIP ALTHA FL 32421

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: *Steve B. Alday Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96 (904) 762-3142
Date Daytime Phone #

CR2E037 (3/96)