

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14158** (2)  
1. Corporation Name  
**SIXTY-FIVE HUNTING CLUB, INC.**



Principal Place of Business <b>% DONALD W. WILSON POST OFFICE BOX 489 APALACHICOLA FL 32329</b>	Mailing Address <b>% DONALD W. WILSON POST OFFICE BOX 489 APALACHICOLA FL 32329-0489</b>
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3. Date Incorporated or Qualified <b>04/02/1986</b>	3a. Date of Last Report <b>03/29/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>WILSON, DONALD W. HWY. 98 WEST (POST OFFICE BOX 504) APALACHICOLA FL 32329</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIS, MIKE</b>
STREET ADDRESS	<b>P.O. BOX 100 N/A</b>
CITY-ST-ZIP	<b>APALACHICOLA FL 32329-0100</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, ROBERT H. JR.</b>
STREET ADDRESS	<b>34 - 16TH ST. N/A</b>
CITY-ST-ZIP	<b>APALACHICOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCLEOD, EUGENE M.</b>
STREET ADDRESS	<b>47 W. PINE N/A</b>
CITY-ST-ZIP	<b>APALACHICOLA FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, DONALD W.</b>
STREET ADDRESS	<b>HWY. 98 WEST N/A</b>
CITY-ST-ZIP	<b>APALACHICOLA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LEAVINS, GRADY</b>
STREET ADDRESS	<b>101 WATER ST. N/A</b>
CITY-ST-ZIP	<b>APALACHICOLA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PATRENOS, GEORGE</b>
STREET ADDRESS	<b>P.O. BOX 505 N/A</b>
CITY-ST-ZIP	<b>APALACHICOLA FL 32329-0505</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: \_\_\_\_\_ 1-10-96 904453-

CR2E037 (9/96)