FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 30 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15787** **(7)**

1. Corporation Name

GLENDALE SPORTSMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
ROUTE 3 BOX 56 P C/O JOHN D. PETERS DEFUNIAK SPRINGS FL 32433	ROUTE 3 BOX 56 P C/O JOHN D. PETERS DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2871258 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 669 BrookHaven Way	26 669 BrookHaven Way
Suite, Apt. #, etc. 22 C/O Lamar Bryan	Suite, Apt. #, etc. 27 C/O Lamar Bryan
City & State 23 Niceville, FL.	City & State 28 Niceville, FL.
Zip / County 24 32578 / 25 Okaloosa	Zip / County 29 32578 / 30 Okaloosa

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETERS, JOHN D.
ROUTE 3 BOX 56 P
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: Bryan, Lamar
82 Street Address (P.O. Box Number is Not Acceptable): 669 BrookHaven Way
83
84 City: Niceville FL 85 Zip Code: 32578

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lamar Bryan S/T — Lamar Bryan — 4/24/95
Signature, typed or printed name of registered agent and date as applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☐ Change ☒ Addition
NAME	RACHELS, JAMES B.	12 NAME	Herring, Ronald	
STREET ADDRESS	RT. 3 BOX 58	13 STREET ADDRESS	Rt. 2 Box 387-B	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	14 CITY-ST-ZIP	DeFuniak Spgs, FL. 32433	
TITLE	V	21 TITLE	Vice President	☐ Change ☒ Addition
NAME	HERRING, RONALD	22 NAME	Newborn, Mike	
STREET ADDRESS	RT. 2, BOX 387-B	23 STREET ADDRESS	679 Price Rd.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	24 CITY-ST-ZIP	DeFuniak Spgs, FL. 32433	
TITLE	S	31 TITLE	Secretary & T	☐ Change ☒ Addition
NAME	PETERS, JOHN D.	32 NAME	Bryan, Lamar	
STREET ADDRESS	RT. 3 BOX 56-P	33 STREET ADDRESS	669 BrookHaven Way	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	34 CITY-ST-ZIP	Niceville, FL. 32578	
TITLE	D	41 TITLE	Director	☐ Change ☒ Addition
NAME	SHAW, ROBERT L.	42 NAME	Herring, David	
STREET ADDRESS	RT. 3, BOX 31	43 STREET ADDRESS	Rt. 2 Box 387-B	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	44 CITY-ST-ZIP	DeFuniak Spgs, FL. 32433	
TITLE	D	51 TITLE	Director	☐ Change ☒ Addition
NAME	NELSON, HENRY	52 NAME	Watson, Burris	
STREET ADDRESS	RT. 4, BOX 154	53 STREET ADDRESS	Rt. 2 Box 375-W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	54 CITY-ST-ZIP	DeFuniak Spgs. FL. 32433	
TITLE	D	61 TITLE	Director	☐ Change ☒ Addition
NAME	HAYES, DANIEL L.	62 NAME	Huebner, Greg	
STREET ADDRESS	RT. 3 BOX 74C	63 STREET ADDRESS	301 Sharon Dr.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	64 CITY-ST-ZIP	Niceville, FL. 32578	

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)(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: Lamar Bryan — Lamar Bryan — 4/24/95 — 904-897-3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000007