FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

TITLE

STREET ADDRESS

BRYAN, LAMAR

669 BROOKHAVEN WAY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15

(7)

GLENDALE SPORTSMEN'S CLUB, INC.

FILED Jan 21 1998 8:00am Secretary of State

GEETS/SEE OF OTFICIALITY O' OLOBY INTO										
Principal Place of Business					Mailing Address					1 (8911) 61 11 62 11 62 5111 50 66 1 10 11 10 65 61611 61811 61811 61811 61811 61811 61811
% LAMAR BRYAN 669 BROOKHAVEN WAY NICEVILLE FL 32578					% Lamar Bryan 669 Brookhaven Way Niceville Fl 32578					3. Date Incorporated or Qualified 07/10/1986
US					US					4. FEI Number Applied For
					The Market Address					59-2871258 Not Applicable
Principal Place of Business Table 1					2a. Mailing Address 26					5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22					27					Trust Fund Contribution
City & State					City & State					7. Is this nonprofit corporation a homeowners association?
Zip	Country				28			Country		This corporation owes or has paid the current year Intangible
24	25			29	—					Personal Property Tax due June 30. Yes No
2.4	9. Name and Address of Current F									10. Name and Address of New Registered Agent
								81	Name	
Bryan, lamar 669 Brookhaven way								82	Street Adda	ress (P.O. Box Number is Not Acceptable)
NICEVILLE FL 32578							ŀ	83		
								84	City	85 Zip Code
(O. 1) 047 0700 1 047 1500 [] 1							45			nevation submits this statement for the purpose of changing its registered
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE										
Signature, typed or printed name of registered agent 12. OFFICERS AND								Ager	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			TOLING AND I			ELETE	13.	LÉ		☐ Change ☐ Addition
NAME	NEWBORN, MIKE				1.2 N				İ	
STREET ADDRESS	471 HOWARD JONES RD.				1.35			REET /	ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL				1			1.4 CITY-ST-ZIP		
TITLE	P				DELETE 2			2.1 TITLE		☐ Change ☐ Addition
NAME	HERRING, RONALD				221			ME		
STREET ADDRESS	ALGO DEGUNE DE				2.3			2.3 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL							2. 4 CITY-ST-ZIP		المناه والمراه
TITLE	D				[ELETE	3.1 TIT	ĻĘ		Change Addition
NAME	HERRING, DAVID				∵ 3.2 N			ME	1	
STREET ADDRESS						3.3 STI			ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL					3.4. CIT			T-ZIP	
TITLE	D				DELETE 4.1			LE		Change Addition
NAME BRYAN, VIRGIE							4, 2 NA	ME		
STREET ADDRESS 679 PRICE RD.							4.3 ST	IEET /	address	
CITY-ST-ZIP DEFUNIAK SPRINGS FL					4.4 C			Y-ST	-ŻIP	
TITLE	D					ELETE	5.1 TIT	LE		Change Addition
NAME	WATSO	N, BURRIS					5.2 NA	ME	-	
STREET ADDRESS			5.3 STF	REET A	ADDRESS					
i i	DEFINE	ALC ODDING	0.01							

14. I hereby certify that the information supplied with this filling 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, yr on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE: Janga ATADENE CHILFADAM Bryan 1-7-98 850-833-335