

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90136 007 \*\*\*\*70.00

0060004

**DOCUMENT # N15787**

1. Corporation Name

**GLENDAL SPORTSMEN'S CLUB, INC.**

Principal Place of Business

% LAMAR BRYAN  
669 BROOKHAVEN WAY  
NICEVILLE FL 32578  
US

Mailing Address

% LAMAR BRYAN  
669 BROOKHAVEN WAY  
NICEVILLE FL 32578  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**07/10/1986**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2871258**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYAN, LAMAR**  
**669 BROOKHAVEN WAY**  
**NICEVILLE FL 32578**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **NEWBORN, MIKE**  
STREET ADDRESS **471 HOWARD JONES RD.**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **P** ☐ DELETE

NAME **HERRING, RONALD**  
STREET ADDRESS **2192 BROWN RD.**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **HERRING, DAVID**  
STREET ADDRESS **2192 BROWN RD.**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☒ DELETE

NAME **BRYAN, VIRGIE**  
STREET ADDRESS **679 PRICE RD.**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **WATSON, BURRIS**  
STREET ADDRESS **BROWN RD.**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **ST** ☐ DELETE

NAME **BRYAN, LAMAR**  
STREET ADDRESS **669 BROOKHAVEN WAY**  
CITY-ST-ZIP **NICEVILLE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lamar Bryan** 1-8-99 850-833-3355  
Date Daytime Phone #

CR2E037 (11/98)