


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N16281 (0)**  
1. Corporation Name  
**WACCASASSA HUNTING CLUB, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>C/O DARYL EDWARDS<br/>P.O. BOX 1777<br/>CHIEFLND FL 32644<br/>US</b> | Mailing Address<br><b>C/O DARYL EDWARDS<br/>P.O. BOX 1777<br/>CHIEFLND FL 32644-1777<br/>US</b> |
|--|---|

|                                       |                               |  |  |
|---------------------------------------|-------------------------------|--|--|
| <b>2.</b> Principal Place of Business | <b>2a.</b> Mailing Address    | <b>3.</b> Date Incorporated or Qualified<br><b>08/11/1986</b>  | <b>3a.</b> Date of Last Report<br><b>01/26/1996</b>    |
| <b>21</b> Suite, Apt. #, etc.         | <b>26</b> Suite, Apt. #, etc. | <b>4.</b> FEI Number<br><b>59-2556486</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>22</b> City & State                | <b>27</b> City & State        | <b>5.</b> Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| <b>23</b> Zip                         | <b>28</b> Zip                 | <b>6.</b> Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>24</b> Country                     | <b>29</b> Country             | <b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| <b>9. Name and Address of Current Registered Agent</b><br><b>EDWARDS, DARYL<br/>105 S.E. 1ST STREET<br/>P.O. BOX 1777<br/>CHIEFLND FL 32626</b> | <b>10. Name and Address of New Registered Agent</b><br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City<br><b>FL</b> <b>85</b> 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

|   |   |  |  |
|---|---|--|--|
| <b>12. OFFICERS AND DIRECTORS</b>                 |   | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |  |
| <b>TITLE</b><br><b>PD</b>                         | <b>NAME</b><br><b>MARSH, KEVIN</b>          | <b>1.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| <b>STREET ADDRESS</b><br><b>8107 SW 13TH RD</b>   | <b>CITY-ST-ZIP</b><br><b>GAINESVILLE FL</b> | <b>1.2 NAME</b>  |  |
| <b>TITLE</b><br><b>VD</b>                         | <b>NAME</b><br><b>SPRINKLE, CHARLES</b>     | <b>1.3 STREET ADDRESS</b>                                    |  |
| <b>STREET ADDRESS</b><br><b>RT 1 BOX 102T</b>     | <b>CITY-ST-ZIP</b><br><b>NEWBERRY FL</b>    | <b>1.4 CITY-ST-ZIP</b>                                       |  |
| <b>TITLE</b><br><b>D</b>                          | <b>NAME</b><br><b>STEFANELLI, RANDY</b>     | <b>2.1 TITLE</b>   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>STREET ADDRESS</b><br><b>118 E PARK AVE</b>    | <b>CITY-ST-ZIP</b><br><b>CHIEFLND FL</b>    | <b>2.2 NAME</b>  |  |
| <b>TITLE</b><br><b>TD</b>                         | <b>NAME</b><br><b>HAMMELL, FOREST</b>       | <b>2.3 STREET ADDRESS</b>                                    | <b>HWY 24, WEST</b>  |
| <b>STREET ADDRESS</b><br><b>PO BOX 212 CR 161</b> | <b>CITY-ST-ZIP</b><br><b>BRONSON FL</b>     | <b>2.4 CITY-ST-ZIP</b>                                       | <b>NEWBERRY, FL 32669</b>  |
| <b>TITLE</b><br><b>SD</b>                         | <b>NAME</b><br><b>SEAY, MAJOR C.</b>        | <b>3.1 TITLE</b>   | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br><b>PO BOX 44</b>         | <b>CITY-ST-ZIP</b><br><b>NEWBERRY FL</b>    | <b>3.2 NAME</b>  |  |
| <b>TITLE</b>                                      |   | <b>3.3 STREET ADDRESS</b>                                    |  |
| <b>NAME</b>                                       |   | <b>3.4 CITY-ST-ZIP</b>                                       |  |
| <b>STREET ADDRESS</b>                             |   | <b>4.1 TITLE</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>CITY-ST-ZIP</b>                                |   | <b>4.2 NAME</b>  |  |
|   |   | <b>4.3 STREET ADDRESS</b>                                    | <b>5450 N.E. 101 AVE</b>   |
|   |   | <b>4.4 CITY-ST-ZIP</b>                                       | <b>BRONSON, FL 32621</b>   |
|   |   | <b>5.1 TITLE</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
|   |   | <b>5.2 NAME</b>  |  |
|   |   | <b>5.3 STREET ADDRESS</b>                                    | <b>2530 S.W. 260th STREET</b>  |
|   |   | <b>5.4 CITY-ST-ZIP</b>                                       | <b>NEWBERRY, FL 32669</b>  |
|   |   | <b>6.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
|   |   | <b>6.2 NAME</b>  |  |
|   |   | <b>6.3 STREET ADDRESS</b>                                    |  |
|   |   | <b>6.4 CITY-ST-ZIP</b>                                       |  |

**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.

CP2E037 (9/96)