

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 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90010 036 \*\*\*\*61.25

**DOCUMENT # N16281**

1. Corporation Name

**WACCASASSA HUNTING CLUB, INC.**

Principal Place of Business

C/O DARYL EDWARDS  
P.O. BOX 1777  
CHIEFLND FL 32644  
US

Mailing Address

C/O DARYL EDWARDS  
P.O. BOX 1777  
CHIEFLND FL 32644  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/11/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2556486	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, DARYL**  
**105 S.E. 1ST STREET**  
**P.O. BOX 1777**  
**CHIEFLND FL 32626**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	105 E PARK AVE
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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGINS, DENNIS	1.2 NAME	
STREET ADDRESS	850 NE HWY ALT 27	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID	2.2 NAME	
STREET ADDRESS	6291 NE 183RD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURL, JAMES	3.2 NAME	
STREET ADDRESS	923 NW 7TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMELL, FOREST	4.2 NAME	
STREET ADDRESS	5450 N.E. 101 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAY, MAJOR C.	5.2 NAME	
STREET ADDRESS	2530 S.W. 266TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Forest Hammell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99  
Date

(352) 486-5124  
Daytime Phone #

CR2E037 (11/98)