

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16390** (9)

1. Corporation Name  
**POND CREEK HUNTING CLUB, INC.**



Principal Place of Business: **C/O WASTLE SPEARS ROUTE 2 BOX 403 MILTON FL**  
Mailing Address: **C/O WASTLE SPEARS ROUTE 2 BOX 403 MILTON FL**

3. Date Incorporated or Qualified: **08/18/1986**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-2878070**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEARS, WASTLE  
ROUTE 2 BOX 403  
MILTON FL 32571**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPEARS, WASTLE</b>	1.2 NAME	<b>Chuck Smith</b>
STREET ADDRESS	<b>ROUTE 2 BOX 403</b>	1.3 STREET ADDRESS	<b>130 Hancock Ln.</b>
CITY-ST-ZIP	<b>MILTON FL</b>	1.4 CITY-ST-ZIP	<b>Pensacola, Fl. 32503</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINKARD, JACK</b>	2.2 NAME	<b>Johnny Bloodworth</b>
STREET ADDRESS	<b>ROUTE 3 BOX 212</b>	2.3 STREET ADDRESS	<b>6360 Nashville Ave.</b>
CITY-ST-ZIP	<b>MILTON FL</b>	2.4 CITY-ST-ZIP	<b>Pensacola, Fl. 32526</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PENTON, GROVER</b>	3.2 NAME	<b>D.C. Salter</b>
STREET ADDRESS	<b>RT. 3 BOX 214</b>	3.3 STREET ADDRESS	<b>Rt 2 Box 397</b>
CITY-ST-ZIP	<b>MILTON FL</b>	3.4 CITY-ST-ZIP	<b>Milton, Fl. 32571</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRICKEY, CARL</b>	4.2 NAME	<b>Larry Stover</b>
STREET ADDRESS	<b>9 EDMONT DRIVE</b>	4.3 STREET ADDRESS	<b>433 Rhonda St.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	<b>Pensacola, Fl. 32534</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESSIC, SAMUAL</b>	5.2 NAME	
STREET ADDRESS	<b>RT. 6, BOX 267</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ALLAN</b>	6.2 NAME	
STREET ADDRESS	<b>2050 HWY 182</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JAY FL</b>	6.4 CITY-ST-ZIP	

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)(k), 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 as an attachment with an address.

SIGNATURE:

*J.G. Penton*

J.G. Penton

4-19-96

904-6756433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)