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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

C/O WASTLE SPEARS
ROUTE 2 BOX 403
MILTON FLC/O WASTLE SPEARS
ROUTE 2 BOX 403
MILTON FL 32571-81003. Date Incorporated or Qualified
08/18/19863a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2878070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

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

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 PD ☐ DELETENAME SPEARS, WASTLE
STREET ADDRESS ROUTE 2 BOX 403
CITY-ST-ZIP MILTON FLTITLE VD ☐ DELETENAME PINKARD, JACK
STREET ADDRESS ROUTE 3 BOX 212
CITY-ST-ZIP MILTON FLTITLE STD ☒ DELETENAME PENTON, GROVER
STREET ADDRESS RT. 3 BOX 214
CITY-ST-ZIP MILTON FLTITLE D ☒ DELETENAME TRICKEY, CARL
STREET ADDRESS 9 EDMONT DRIVE
CITY-ST-ZIP PENSACOLA FLTITLE D ☐ DELETENAME CHUCK SMITH
STREET ADDRESS 130 HANCOCK LN
CITY-ST-ZIP PENSACOLA FLTITLE D ☐ DELETENAME MILLER, ALLAN
STREET ADDRESS 2050 HWY 182
CITY-ST-ZIP JAY FL1.1 TITLE VD ☒ Change ☐ Addition1.2 NAME PINCKARD, JACK
1.3 STREET ADDRESS 1675 Penton Road
1.4 CITY-ST-ZIP MILTON, FL 325702.1 TITLE STD ☒ Change ☐ Addition2.2 NAME MILLER, ALAN
2.3 STREET ADDRESS 3625 HIGHWAY 182
2.4 CITY-ST-ZIP JAY, FL 325653.1 TITLE D ☐ Change ☒ Addition3.2 NAME STOVER, LARRY
3.3 STREET ADDRESS 433 RONDA STREET
3.4 CITY-ST-ZIP PENSACOLA, FL 325344.1 TITLE D ☐ Change ☒ Addition4.2 NAME SALTER, DICK
4.3 STREET ADDRESS ROUTE 2, BOX 397
4.4 CITY-ST-ZIP MILTON, FL 325715.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3-19-97

904-623-7181 ext. 53

Date

Daytime Phone # 0074524

CR2E037 (9/96)