

FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16390

1. Corporation Name
POND CREEK HUNTING CLUB, INC.

Principal Place of Business C/O WASTLE SPEARS 820 TIDWELL RD PACE FL 32571 US	Mailing Address C/O WASTLE SPEARS 8208 TIDWELL RD PACE FL 32571 US
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2. Principal Place of Business 21 C/O Larry Stover Suite, Apt. #, etc. 22 433 Ronda Street City & State 23 Pensacola, Florida Zip 24 32534 Country 25 USA	2a. Mailing Address 26 C/O Larry Stover Suite, Apt. #, etc. 27 433 Ronda Street City & State 28 Pensacola, Florida Zip 29 32534 Country 30 USA	3. Date Incorporated or Qualified 08/18/1986	4. FEI Number 59-2878070	Applied For Not Applicable.
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SPEARS, WASTLE 820 TIDWELL RD PACE FL 32571	10. Name and Address of New Registered Agent 81 Name Larry Stover 82 Street Address (P.O. Box Number is Not Acceptable) 433 Ronda Street 83 84 City Pensacola FL 85 Zip Code 32534
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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 *Larry Stover* Larry Stover, President March 9 1999
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, WASTLE	1.2 NAME	Stover, Larry
STREET ADDRESS	8208 TIDWELL RD	1.3 STREET ADDRESS	433 Ronda Street
CITY-ST-ZIP	PACE FL 32571	1.4 CITY-ST-ZIP	Pensacola, FL 32534
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, SCOTTIE	2.2 NAME	Hart, David
STREET ADDRESS	9200 ROY COOK DR	2.3 STREET ADDRESS	5755 Allentown Road
CITY-ST-ZIP	MILTON FL 32571	2.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, LARRY	3.2 NAME	
STREET ADDRESS	433 RONDA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32534	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, DICK	4.2 NAME	
STREET ADDRESS	RT 2, BOX 397	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURK, ED	5.2 NAME	
STREET ADDRESS	282 MCLAUGHLIN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALAN	6.2 NAME	
STREET ADDRESS	3265 HWY 182	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	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: *Alan Miller* **ALAN MILLER** 3-1-99 (850)994-4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)