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FILED

Mar 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N17715 (6)

1. Corporation Name

COLDWATER HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

% PAUL FLINN  
RT.6, BOX 252  
MILTON FL 32570

550 JIMMY LEWIS RD.  
RT.6, BOX 252  
MILTON FL 32570-8802  
US



3. Date Incorporated or Qualified  
11/10/1986

3a. Date of Last Report  
04/24/1996

4. FEI Number  
59-2734322

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

2a. Mailing Address

21 PAUL FLINN

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 550 Simmie Lewis Rd

27

550 Simmie Lewis Rd

City & State

City & State

23 MILTON FL

28

MILTON FL

Zip

Country

Zip

Country

24 32570

25

29

32570

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLINN, PAUL  
RT.6, BOX 252  
MILTON FL 32570

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 D ☒ DELETE  
NAME MATHEWS, STEVEN  
STREET ADDRESS RT.3, BOX 98C  
CITY - ST - ZIP MILTON FL

1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME SHANNON FLINN  
1.3 STREET ADDRESS 554 Simmie Lewis Rd.  
1.4 CITY - ST - ZIP MILTON FL 32570

TITLE D ☐ DELETE  
NAME DAVIS, JOEL T.  
STREET ADDRESS RT.3, BOX 96  
CITY - ST - ZIP MILTON FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME DAVIS, JERRY  
STREET ADDRESS RT.3, BOX 97  
CITY - ST - ZIP MILTON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE SD ☐ DELETE  
NAME FLINN, LANCE A.  
STREET ADDRESS 7028 RYAN LANE  
CITY - ST - ZIP MILTON FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME HOLLEY, MILLARD  
STREET ADDRESS RT.3, BOX 205  
CITY - ST - ZIP MILTON FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE DP ☐ DELETE  
NAME FLINN, PAUL  
STREET ADDRESS RT.6, BOX 252  
CITY - ST - ZIP MILTON FL 32570

6.1 TITLE ☐ Change ☐ Addition  
6.2 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: Shannon Flinn

3/20/97 904 625-0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)