


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 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 # N20180 (8) 1. Corporation Name HOLMES CREEK STILLHUNTERS ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
15220 BANKS DR. SOUTH PORT FL 32409		4440 ZAMBITO RD. JACKSONVILLE FL 32210-6128	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 ROUTE 2	
22 City & State		27 BOX 381	
23 Zip		28 BONIFAY, FL.	
24 Country		29 32425	
25		30 HOLMES	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LITTLE, ARTHUR W. 4440 ZAMBITO RD. JACKSONVILLE FL 32210		81 Name LITTLE, ARTHUR W.	
		82 Street Address (P.O. Box Number is Not Acceptable) ROUTE 2	
		83 BOX 381	
		84 City BONIFAY	
		85 Zip Code FL 32425	
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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	KIRKLAND, JOHN		
STREET ADDRESS	15220 BANKS DR.		
CITY-ST-ZIP	SOUTHPORT FL 32409		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	RICH, BUSTER		
STREET ADDRESS	207 SAN PABLO ST		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	LITTLE, ARTHUR W.		
STREET ADDRESS	4440 ZAMBITO RD.		
CITY-ST-ZIP	JACKSONVILLE FL 32210		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	LITTLE, JOSEPH E.		
STREET ADDRESS	303 GEORGIA AVE.		
CITY-ST-ZIP	LYNN HAVEN FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	LITTLE, ARTHUR W.		
3.3 STREET ADDRESS	ROUTE 2 BOX 381		
3.4 CITY-ST-ZIP	BONIFAY, FL. 32425		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Arthur W. Little</i> ARTHUR W. LITTLE 1-5-97 904-547-1794			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)