


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90110 007 ****70.00

0010247

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20180					
1. Corporation Name HOLMES CREEK STILLHUNTERS ASSOCIATION, INC.					
Principal Place of Business 15220 BANKS DR. SOUTH PORT FL 32409			Mailing Address ROUTE 2 BOX 381 BONIFAY FL 32425 US		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
LITTLE, ARTHUR W. ROUTE 2 BOX 381 BONIFAY FL 32425				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRKLAND, JOHN			1.2 NAME			
STREET ADDRESS	15220 BANKS DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHPORT FL 32409			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICH, BUSTER			2.2 NAME			
STREET ADDRESS	207 SAN PABLO ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITTLE, ARTHUR W.			3.2 NAME			
STREET ADDRESS	4440 ZAMBATO RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITTLE, JOSEPH E.			4.2 NAME			
STREET ADDRESS	303 GEORGIA AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 an other like empowered.

SIGNATURE:

ARTHUR W. LITTLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99 850-547-1794

CR2E037 (1/98)