

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20516** (3)

1. Corporation Name

LAFAYETTE COUNTY HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

ROUTE 1, BOX 523
MAYO FL 32066
US

P. O. BOX 208
MAYO FL 32066
US

3. Date Incorporated or Qualified
05/06/1987

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2803115

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, JOHN
ROUTE 1, BOX 523
MAYO FL 32066**

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

John T. Bell *S/T RA*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **FOLSON, EDGAR SR**
STREET ADDRESS **RT 3 BOX 307 N/A**
CITY-ST-ZIP **MAYO FL**

1.1 TITLE **P/O** ☒ Change ☐ Addition
1.2 NAME **O'Steen Foye**
1.3 STREET ADDRESS **P.O. Box 496 N/A**
1.4 CITY-ST-ZIP **MAYO, FLA 32066**

TITLE **VD** ☒ DELETE
NAME **O'STEEN, FOYE**
STREET ADDRESS **P O BOX 496 N/A**
CITY-ST-ZIP **MAYO FL**

2.1 TITLE **V/O** ☒ Change ☐ Addition
2.2 NAME **Broward Frier**
2.3 STREET ADDRESS **P.O. Box 61 N/A**
2.4 CITY-ST-ZIP **MAYO, FLA 32066**

TITLE **STD** ☒ DELETE
NAME **GONZALEZ, HELEN**
STREET ADDRESS **RT 3 BOX 166 US HWY 27 N**
CITY-ST-ZIP **MAYO FL**

3.1 TITLE **S/T** ☒ Change ☐ Addition
3.2 NAME **John T. Bell**
3.3 STREET ADDRESS **Rt. 1 Box 523**
3.4 CITY-ST-ZIP **MAYO, FLA 32066**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John T. Bell *John T. Bell*

Date

Daytime Phone #

CR2E037 (12/95)