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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20614

1. Corporation Name

S & W HUNTING CLUB, INC.

| Princ | ipal Pla | ace of Busin | ness |
|-------|----------|--------------|------|
| 0/0 | FOY I | REASIEY | |

2. Principal Place of Business

4631 DEERFIELD ORIVE PENSACOLA FL 32526

21

Mailing Address

C/O FOY L. BEASLEY 4631 DEERFIELD DRIVE PENSACOLA FL 32526

2a. Mailing Address

26

FILED Apr 07, 1999 8:00 am Secretary of State

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| - 10 1 11100 110 11 1 11 111 11 | OLICA IIBAL BADI BADII DIDII | . 91311 |
|--|------------------------------|---------|

3. Date Incorporated or Qualifed

05/12/1987

| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | 4. | . FEI Number | | | Applied For | |
|----------------------|--|-----------------------------------|----------------|---|-----------------|---|-----------------|--------------|------------------|--|
| 22 | , | 27 | | | | 59-2454495 | | | Not Applicable | |
| City & State | | City & State | | | 5. | . Certificate of Status Desired | | ~ · | 5 Additional | |
| 23 | | 28 | | | | | | | Required | |
| Zip | Country | Zip | Country | | 6. | . Election Campaign Financir | ^{ng} □ | \$ 5. | 00 May Be | |
| 24 | 25 | 29 3 | 0 | | | Trust Fund Contribution | <u>.</u> | Add | led to Fees | |
| 1 | 9. Name and Address of Current | Registered Agent | | | 10 | . Name and Address of Ne | w Registered | Agent | | |
| | | | 81 | Name | | | | | | |
| BEASLEY, FOY L. | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 4631 DEERFIELD DRIVE | | | - | | | | | | | |
| PENSACOLA FL 32526 | | | 83 | 83 | | | | | | |
| 1 2110/100 | B. I E GEGES | | | 011 | | | | los I | Zip Code | |
| | | | 84 | City | | | FL | 85 | Zip Code | |
| 11 Pursuant t | to the provisions of Sections 617.0502 | and 617 1508. Florida Statutes | the above | s-named c | corporation | on submits this statement for | he purpose of | changin | g its registered | |
| office or re | egistered agent, or both, in the State o | t Florida. Such change was aut | nonzed by | tne corpor | ration's b | poard of directors. I hereby ac | cept the appoir | ntment a | s registered | |
| agent. I ar | m familiar with, and accept the obligati | ons of, Section 617.0503, Florid | a Statutes | • | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | ANATE: E | egistered Ager | t eignatura ray | cuitos i subsec | reinstating) | DATE | | [| |
| 12. | OFFICERS AND | | 13. | t signistate ret | | | OFFICE DO AN | D DIREC | CTORS IN 12 | |
| TITLE | D | DELETE | 1.1 TITLE | · I | 0:0 | bby B. Price bby B. Price 130 pine Fore | | ☐ Char | | |
| l | PATTERSON, DOUG | F | 1,2 NAME | | 20 | bby B. PRICO | SIE PL | | | |
| NAME | | | | | 120 | 20 PINE FOR | est no . | | | |
| STREET ADDRESS | 1116 ISABELLA ROAD | | | ADDRESS | | ucacala Al | 27576 | | | |
| CITY-ST-ZIP | CANTONMENT FL | | 1.4 CITY-S | T-ZIP | per | usacola, 71 | 2908- | ☐ Char | nge Addition | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | 1 | | | | | igo [] Addison | |
| NAME | BUSH, WILLIAM C. | • | 2.2 NAME | 1 | | | | | | |
| STREET ADDRESS | 3710 HIGHWAY 297-A | | 2.3 STREE | ADDRESS | | | | | | |
| . CITY-ST-ZIP | CANTONMENT FL | | 2. 4 CITY-5 | T-ZIP | | ······································ | | | Addition | |
| TITLE | P | ☐ DELETE | 3.1 TITLE | | | | | Chai | nge 🔲 Addition | |
| NAME | SCHLUTER, E.A. | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 109 FLORIDA AVENUE | | 3.3 STREE | ADDRESS | | | | | | |
| CITY-ST-ZIP | GULF BREEZE FL | | 3.4. CITY-5 | T-ZIP | | | | | | |
| TITLE | ST | ☐ DELETE | 4.1 TITLE | | | | | Cha | nge | |
| NAME | BEASLEY, FOY L. | | 4. 2 NAME | | | | | | 1 | |
| STREET ADDRESS | 4631 DEERFIELD DR. | | 4.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 4.4 CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | ☐ Cha | nge 🔲 Addition | |
| NAME | | | 5.2 NAME | 1 | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5,4 CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | ☐ Cha | nge Addition | |
| NAME | | | 6.2 NAME | | | | | | | |
| ļ. | | | 6.3 STREE | ADDRESS | | | | | | |
| STREET ADDRESS | | | 6.4 CITY-S | - 1 | | | | | j | |
| CITY-ST-ZIP | 41. 41. 44. 1. 5 | this file - deep - to said, for t | | | i- C-stis | on 119 07/3\/i) Elorida Statute | n I further on | NE. Abot | the information | |

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 informationated 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.

(850)944-2114