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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

N21085

(8)

SPENCER'S PASTURE SPORTSMAN CLUB, INC.

Principal Place of Business Mailing Address								
5773 MILL PC		5773 MILL POND LN.						
MILTON FL 3	2583	MILTON FL 32583			3. Date Incorporated or Qualified 06/09/1987	3a . D	ate of Last F	
2. Principal Pla	nce of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-2951667		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I 5 Contitionate of Status Desired VI		Additional	
22		27				_~_		lequired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zip	Country	28 Zip	Country		This corporation has liability for	intangible t		-
24			30		Florida Statutes			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New I	Registered	Agent	
			81 1	lame				
TERRY, L. ANDREW			82 5	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
	LL POND LN.		83					
MILTON FL 32583			63					
			84 (City		FL	85 Zip	Code
11 Pursuant t	o the provisions of Sections 617 0	502 and 617.1508. Florida Statu	tes, the above nan	ned corpora	ation submits this statement for the pu	rnose of ch	nanging its re	egistered office
or register	ed agent, or both, in the State of F th, and eccept the obligations of, S	lorida. Such change was authori	zed by the corpora	ition's boar	d of directors. Thereby accept the app	xointment a	s registered	agent. I am
	(in, and occeptante obligations of, s	Odlar 617.0303, Florida Statute				4/20	196	
SIGNATURE _	Structure, typed or printed name of registered a	gent and bit of applicable (N	OTE Registered Agent 34	nature required		DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO Change	
₹ITLE	VD	DEFELE	1 1 TITLE				Ghange	Addition
NAME	FULFORD, J.D.		1.2 NAME	2000				
STREET ADDRESS	P. O. BOX 247 N/A		1.3 STREET AD					
CITY-ST-ZIP TITLE	JAY FL PD	DELETE	1.4 OTY - \$1 - 2 2 1 TITLE	.,			☐ Change	Addition
NAME	MURPHY, W. J.		2 2 NAME				_ *	_
STREET ADDRESS	6361 WISTERIA DR		2 3 STREET AD	ORESS				
CITY-ST-ZIP	MILTON FL		2 4 CITY - S*-					
TITLE	STD	DELETE	3 1 TITLE				Change	☐ Addition
NAME	TERRY, L. ANDREW		3.2 NAME					
STREET ADDRESS	5773 MILL POND LN.		3 3 STREET AD	DRESS				
CITY-ST-ZIP	MILTON FL		3.4. CiTY - S -	Z)P				
TITLE		DELETE	4 1 TITLE	ļ			Change	Addition
NAME			4. 2 NAME					
STREET ADORESS			4 3 STREET AC	ORESS				
CITY-ST-ZIP			4 4 C(TY - ST -	ZIP .				Addition
TITLE		DELETE	51 TITLE				Change	☐ Addition
NAME			52 NAME					
STREET ADDRESS			53 STREET AL					
CITY-ST-ZIP		Dicerte	54 CITY - S1 -	ZIP			Change	Addition
TITLE		DELETE	6 1 TITLE	1			ononge	
NAME			62 NAME	DODECC				
STREET ADDRESS			6.3 STREET AU 6.4 City - S' -					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 Date

904-434-4651 Daytima Prione # CR2E037 (12/95)