

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 # N21882 (8)

1. Corporation Name

REEDY CREEK HUNTING CLUB, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 301
PONCE DE LEON FL 32455

P.O. BOX 301
PONCE DE LEON FL 32455



3. Date Incorporated or Qualified

08/04/1987

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 301

26 P.O. Box 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ponce De Leon FL

28 Ponce De Leon FL

Zip

Country

Zip

Country

24 32455

25 Holmes

29 32455

30 Holmes

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, RONNIE
HWY 181 C
PONCE DE LEON FL 32455**

81 Name

Ward Ronnie

82 Street Address (P.O. Box Number is Not Acceptable)

Hwy 181C

83

84 City

Ponce De Leon

FL

85 Zip Code

32455

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 **Ward Ronnie**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ALGERRENE, BYRD**
STREET ADDRESS **HWY. 181C**
CITY-ST-ZIP **PONCE DE LEON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Same**

TITLE **VD** ☐ DELETE
NAME **SIMMONS, SAM**
STREET ADDRESS **HWY 181**
CITY-ST-ZIP **WESTVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Same**

TITLE **TD** ☐ DELETE
NAME **WARD, RONNIE**
STREET ADDRESS **HWY. 181C**
CITY-ST-ZIP **PONCE DE LEON FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Same**

TITLE **SD** ☐ DELETE
NAME **AMMONS, DOYLE**
STREET ADDRESS **HWY. 181C**
CITY-ST-ZIP **PONCE DE LEON FL**

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

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 **Same**

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: **Ronnie Ward** **Ronnie Ward**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 **836-4175**

Date

Daytime Phone #

CR2E037 (12/95)