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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 P.O. BOX 301
PONCE DE LEON FL 32455 PONCE DE LEON FL 32455-0301

3. Date Incorporated or Qualified 08/04/1987 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 P.O. Box 301 Suite, Apt. #, etc. 22 Box 301 City & State 23 Ponce De Leon FL Zip 24 32455	2a. Mailing Address 26 P.O. Box 301 Suite, Apt. #, etc. 27 Box 301 City & State 28 Ponce De Leon FL Zip 29 32455	4. FEI Number 59-3116496 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

WARD, RONNIE
HWY 181 C
PONCE DE LEON FL 32455

10. Name and Address of New Registered Agent

81 Name RONNIE Ward
82 Street Address (P.O. Box Number is Not Acceptable)
Hwy 181 C
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 RONNIE Ward RONNIE Ward 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-instating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ALGERRENE, BYRD	1.2 NAME	ALGERRENE Byrd
STREET ADDRESS	HWY. 181C	1.3 STREET ADDRESS	Hwy 181C
CITY-ST-ZIP	PONCE DE LEON FL	1.4 CITY-ST-ZIP	PONCE DE LEON FL
TITLE	VD	2.1 TITLE	VD
NAME	SIMMONS, SAM	2.2 NAME	Sam Simmons
STREET ADDRESS	HWY 181	2.3 STREET ADDRESS	Hwy 181
CITY-ST-ZIP	WESTVILLE FL	2.4 CITY-ST-ZIP	Westville FL
TITLE	TD	3.1 TITLE	TD
NAME	WARD, RONNIE	3.2 NAME	RONNIE Ward
STREET ADDRESS	HWY. 181C	3.3 STREET ADDRESS	Hwy 181C
CITY-ST-ZIP	PONCE DE LEON FL	3.4 CITY-ST-ZIP	PONCE DE LEON FL
TITLE	SD	4.1 TITLE	S.O.
NAME	AMMONS, DOYLE	4.2 NAME	Doyle Ammons
STREET ADDRESS	HWY. 181C	4.3 STREET ADDRESS	Hwy 181C
CITY-ST-ZIP	PONCE DE LEON FL	4.4 CITY-ST-ZIP	PONCE DE LEON FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE 4-29-97 836-4175

CR2E037 (9/96)