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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90152 047 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21882**

1. Corporation Name

**REEDY CREEK HUNTING CLUB, INCORPORATED**

Principal Place of Business

P.O. BOX 301  
PONCE DE LEON FL 32455  
US

Mailing Address

P.O. BOX 301  
PONCE DE LEON FL 32455



2. Principal Place of Business

21 **c/o Walter Bowers**

2a. Mailing Address

26 **c/o Walter Bowers**

3. Date Incorporated or Qualified

**08/04/1987**

Suite, Apt. #, etc.

22 **3355 St. Hwy 81 South**

Suite, Apt. #, etc.

27 **3355 St. Hwy 81 South**

4. FEI Number

**59-3116496**

Applied For

Not Applicable

City & State

23 **Ponce de Leon, FL**

City & State

28 **Ponce de Leon, FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

24 **32455**

Country

25 **U.S.**

Zip

29 **32455**

Country

30 **U.S.**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**Walter Bowers**

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

**3355 St. Hwy 81 South**

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

(NOTE: Registered Agent signature required when reinstating)

**4-7-99**  
DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Assistant PD** ☒ Change ☐ Addition  
1.2 NAME **Albert Simmons**  
1.3 STREET ADDRESS **Rt. 2 Box 1542**  
1.4 CITY-ST-ZIP **Ponce de Leon, FL 32455**

2.1 TITLE **VD** ☐ Change ☐ Addition  
2.2 NAME **SAM Simmons**  
2.3 STREET ADDRESS **HWY 181**  
2.4 CITY-ST-ZIP **Westville, FL 32455**

3.1 TITLE **TMD** ☒ Change ☐ Addition  
3.2 NAME **Walter Bowers**  
3.3 STREET ADDRESS **3355 St. Hwy 81 South**  
3.4 CITY-ST-ZIP **Ponce de Leon, FL 32455**

4.1 TITLE **SD** ☐ Change ☐ Addition  
4.2 NAME **Doyle Ammons**  
4.3 STREET ADDRESS **HWY. 181C**  
4.4 CITY-ST-ZIP **Ponce de Leon, FL 32455**

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Walter Bowers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-99 (850) 836-5107**  
Date Daytime Phone #

CR2E037 (11/98)