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Feb 18 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 # **N22337** (2)

1. Corporation Name

THE MCINTIRE HUNTING CLUB, INCORPORATED



Principal Place of Business

Mailing Address

C/O JAMES F. HARDY
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641

C/O JAMES F. HARDY
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641-7781

3. Date Incorporated or Qualified
09/02/1987

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2895969

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDY, JAMES F.
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641-7781

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLIFTON, COURTNEY	
STREET ADDRESS	RT 4, BOX 542	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARDY, JIM	
STREET ADDRESS	31 SE 71ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWILLEY, JAMES	
STREET ADDRESS	RT 3 BOX 337P	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADACKY, MIKE	
STREET ADDRESS	950 NW 2ND AVENUE	
CITY-ST-ZIP	WILUSTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HART, JOHN	
STREET ADDRESS	204 NW 4 AVENUE	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MATHEWS, KENNETH	
STREET ADDRESS	RT. 3 BOX 332	
CITY-ST-ZIP	CHIEFLND FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RODNEY RUCKER	
1.3 STREET ADDRESS	6850 SE 65 AVE.	
1.4 CITY-ST-ZIP	TRENTON FL 32693	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES ALTMAN	
2.3 STREET ADDRESS	5650 SW 104 COURT	
2.4 CITY-ST-ZIP	CEDAR KEY FL 32625	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL PREIS	
3.3 STREET ADDRESS	5710 SW 103 TERRACE	
3.4 CITY-ST-ZIP	CEDAR KEY FL 32625	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR

2/14/97 352-376-3187
Date Daytime Phone #0011594

CR2E037 (9/96)