SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25136 (5)

1. Corporation Name

BUGUM BAY HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
HORESHOE BEACH ROAD P.O. BOX 879 CROSS CITY FL 32628	HORESHOE BEACH ROAD P.O. BOX 879 CROSS CITY FL 32628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1988	3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2951741	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
8. This corporation has taken, for Florida tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	25 County	29 Zip	30 County

9. Name and Address of Current Registered Agent

KNIGHT, DWIGHT
HORSESHOE BEACH ROAD
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

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 of current registered agent required for change) (Signature of new registered agent required for change) DATE

12	OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, OR DELETIONS
11 TITLE	PD	
12 NAME	KNIGHT, DWIGHT	
13 STREET ADDRESS	351 S. HORSESHOE BCH RD	
14 CITY ST ZIP	CROSS CITY FL	D Todd Bryant PO Box 1896 US. 19 S. Chiefland FL 32626 ☐ Change ☑ Addition
21 TITLE	STD	
22 NAME	SKINNER, ROY	
23 STREET ADDRESS	351 S. HORSESHOE BCH RD	
24 CITY ST ZIP	CROSS CITY FL	D David LaPerle PO Box 1045 HWY 41 S. Inverness FL 34451 ☐ Change ☑ Addition
31 TITLE	D	
32 NAME	THOMAS, DOYLE	
33 STREET ADDRESS	BARBER ST.	
34 CITY ST ZIP	CROSS CITY FL 32628	D Fred Fletcher N HWY 349 Old Town FL 32680 ☑ Change ☐ Addition
41 TITLE	D	
42 NAME	FLETCHER, FRED	
43 STREET ADDRESS	N. HWY 349	
44 CITY ST ZIP	OLDTOWN FL 32680	☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		☐ Change ☐ Addition

CR2E037 (3/95)

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)(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] 6/13/95 904-425-2-416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone number

0003313