

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25136

(5)

1. Corporation Name

BUGUM BAY HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

HORSHOE BEACH ROAD
P.O. BOX 879
CROSS CITY FL 32628

HORSHOE BEACH ROAD
P.O. BOX 879
CROSS CITY FL 32628



3. Date Incorporated or Qualified

03/01/1988

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

KNIGHT, DWIGHT
HORSESHOE BEACH ROAD
CROSS CITY FL 32628

81 Name

ROY SKINNER

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

351 S

83

84 City

CROSS CITY

FL

85 Zip Code

32628

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

Roy Skinner

STD

5/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

KNIGHT, DWIGHT

STREET ADDRESS

351 S. HORSESHOE BCH RD

CITY - ST - ZIP

CROSS CITY FL

TITLE

STD

☐ DELETE

NAME

SKINNER, ROY

STREET ADDRESS

351 S. HORSESHOE BCH RD

CITY - ST - ZIP

CROSS CITY FL

TITLE

D

☐ DELETE

NAME

THOMAS, DOYLE

STREET ADDRESS

BARBER ST.

CITY - ST - ZIP

CROSS CITY FL 32628

TITLE

D

☒ DELETE

NAME

FLETCHER, FRED

STREET ADDRESS

N. HWY 349

CITY - ST - ZIP

OLDTOWN FL 32680

TITLE

D

☐ DELETE

NAME

BRYANT, TODD

STREET ADDRESS

P. O. BOX 1636 1515 N Young Blv

CITY - ST - ZIP

CHIEFLD FL 32626

TITLE

D

☐ DELETE

NAME

LAPERLE, DAVID

STREET ADDRESS

P. O. BOX 1045 HWY 41 S

CITY - ST - ZIP

INVERNESS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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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:

Roy A. Skinner

5/1/96

352-498-2416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)