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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25322** (1)

1. Corporation Name

THE PINE LAKE HUNTING CLUB, INC.

Principal Place of Business

S.R. 53 SOUTH
MADISON FL 32340
US

Mailing Address

PO BOX 328
MADISON FL 32341
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

03/10/1988

4. FEI Number

59-2961018

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, ROY
WEST FARM RD.
LEE FL 32059

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

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PROCTOR, JACK	
STREET ADDRESS	RT. 1, BOX 325	
CITY-ST-ZIP	MADISON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOWELL, RICHARD	
STREET ADDRESS	304 N.E. LIVINGSTON ST.	
CITY-ST-ZIP	MADISON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOWELL, ALAN	
STREET ADDRESS	201 S RANGE STREET	
CITY-ST-ZIP	MADISON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GODWIN, TULLIS	
STREET ADDRESS	RT. 1 BOX 2730	
CITY-ST-ZIP	LEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, ROY	
STREET ADDRESS	RT. 1, WEST FARM RD N/A	
CITY-ST-ZIP	LEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, FRANK	
STREET ADDRESS	1009 SE DUVAL STREET	
CITY-ST-ZIP	MADISON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 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 *Jack A. Proctor* JACK A. PROCTOR 1-6-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0009004

250-973-2281

CR2E037 (10/97)