FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25322

THE PINE LAKE HUNTING CLUB, INC.

Principal Place of Business	Mailing Address		
S.R. 53 SOUTH	PO BOX 328		
MADISON FL 32340	MADISON FL 32341		
US	US		

FILED Mar 30, 1999 8:00 am § Secretary of State

03-30-1999 90020 043 ****61.25

272952 - 90020 - 43

Principal Place	e of Business	Mailing Address						
S.R. 53 SOUTH	l .	PO BOX 328				: 106;130 010 1100 DIOR 1116 120 BIOR 1116 130 INDIA 110 INDIA 120 INDIA 120 INDIA 120 INDIA 120 INDIA 120 INDI		
MADISON FL 3	2340	MADISON FL 32341						
US		US				I IMDISSUS DIE VINET DISON VINO VINSO VIES DIDIT DINIL BIRST DINIL BIRST DINIL BIRST DINIL BIRST DINIL		
2. Principal Pl	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed		
21		26				03/10/1988		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For		
2		27				59-2961018 Not Applicable		
City & State	9	City & State			- -	\$8.75 Additional		
23		28				5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Col	untry		6. Election Campaign Financing \$5.00 May Be		
	25	⊢ .	30	•		Trust Fund Contribution Added to Fees		
.4	9. Name and Address of Current	1 1	30	Т		10. Name and Address of New Registered Agent		
	3. Agine and Address of Content	Kedistalan Agent		81	Name			

ellis, ro	Υ			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
WEST FAF	RM RD.							
LEE FL 32	059			83				
				84	City	85 Zip Code		
				**	City	FL I		
10 11 047 0500 and 047 0500 Floring States the phase pared expension submits this statement for the purpose of changing its registered								
office or re	edistered agent of both in the State O	' Florida. Such chande was al	Junorize	יו עם מי	ne corporati	tion's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flor	nga Sta	tutes.				
SIGNATURE	<u> </u>			14 .		ined when reinstating) DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND	<u> </u>	13.		agnature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		DELETE	1.1 T		<u> </u>	☐ Change ★Addition		
TITLE	DS	Deterc						
NAME	PROCTOR, JACK			AME		T. 4. BOX 1400		
STREET ADDRESS	RT. 1, BOX 325		1.3 S	STREET A	odress K	1. 4, Box 1400		
CITY-ST-ZIP	MADISON FL		1.4 0	CITY-ST-	ZIP 🖊	MAdison, PC 32340		
TITLE	D	DELETÉ	2.1 T	ITLE	Q	Change (MAddition		
NAME	SOWELL, RICHARD		2.2 1	AME	· C	CARRUTY, Lesien		
STREET ADDRESS	304 N.E. LIVINGSTON ST.		2.3 5	STREET A	UDDRESS 8	2303 S.E. 123 CKT		
	MADISON FL			CITY-ST-	7ID T	Aspen, FC. 32052		
CITY-ST-ZIP		☐ DELETE		ITLE		Change Maddition !		
TITLE	D COMELL ALAM		1	NAME	least to the same of the same	Lavere Library		
NAME	SOWELL, ALAN		1		DDDCCC N	Rogers, Wayne		
STREET ADDRESS	201 S RANGE STREET		-			11. 11. 180 X 667 C		
CITY-ST-ZIP	MADISON FL		_	CITY-ST-		MAdison, FL 32340		
TITLE	D	▼ DELETE	4.1 T	TITLE	D			
NAME	GODWIN, TULLIS		4.2	NAME	114	hig pen, Lapry		
STREET ADDRESS	RT. 1 BOX 2730	1	4.3 8	STREET A	ADDRESS 🗜	2T. I. BOX 2218		
CITY-ST-ZIP	LEE FL		4.4 (CITY-ST-	ZIP 📝	MADISON, FL. 32340		
TITLE	D	☐ DELETE	5.1 T	MLE	10	Change Addition		
NAME	ELLIS, ROY		5.2 N	VAME	[2	SMITH, GARNETH O. BOX 688		
			5.3 5	STREET A	ADDRESS F	20. Box 688		
STREET ADDRESS				CITY-ST-	7ID	MADISON, FL 32341		
CITY-ST-ZIP	LEE FL	- Douete		IIILE				
TITLE	D	□ DELETE				/~		
NAME	ELLIS, FRANK		621	WWIE	Ę	ILLIS, ROY IT.I. WEST Frank NU.		
STREET ADDRESS	1009 SE DUVAL STREET		6.3 5	STREET	ADDRESS R	T. I. West MANN IN		

MADISON FL

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: