NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N27507

1. Corporation Name

## LITTLE GARNIER RIVER HUNTING CLUB, INC.

Principal Place of Business 4255 PAT LANE

MILTON FL 32583

Mailing Address

4255 PAT LANE MILTON FL 32583

## FILED Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90005 015 \*\*\*\*70.00

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|                               |  |                                 |                       |                       |                 |                |  | •             |                                       |                |
|-------------------------------|--|---------------------------------|-----------------------|-----------------------|-----------------|----------------|--|---------------|---------------------------------------|----------------|
| 2. Principal P                | lace of Business   | 2a. Mailing Address             |                       |                       |                 |                | Date Incorporated or Qualifed 07/19/1988 |               | · •                                   |                |
| 21                            |  | 26                              |                       |                       | <del> </del>    |                | FEI Number                               |               |                                       | applied For    |
| Suite, Apt.                   | #, etc.  | Suite, Apt. #, etc.             | ·                     |                       |                 |                | NOT APPLICABLE                           | <b>-</b> -    |                                       | lot Applicable |
| 22                            |  | City P. State                   |                       | _                     |                 |                | TOT AT LIGHTLE                           |               |                                       | Additional     |
| City & Stat                   | e  | City & State                    | _                     |                       |                 | 5.             | Certifcate of Status Desired             | <b>X</b>      |                                       | Required       |
| Zip                           | Country  | Zip                             | _ Count               | iry                   |                 | 6.             | Election Campaign Financing              | 'n            | •                                     | May Be         |
| 24 .                          | 25 29  |                                 |                       | 30                    |                 |                | Trust Fund Contribution Added to Fees    |               |                                       | I to Fees      |
|                               | 9. Name and Address of Current   | Registered Agent                |                       |                       |                 | 10.            | Name and Address of New                  | Registered /  | Agent                                 | <del></del> ;  |
|                               |  |                                 | 8                     | 11                    | Name            |                |  |               |                                       | ,              |
| PACE, JO                      | SEPH A.  |                                 | 8                     | 12                    | Street Add      | dress (P       | O. Box Number is Not Accept              | table)        |                                       |                |
|                               |  |                                 |                       | OZ SUBBL AUGIOSS (F.C |                 |                | .O. BOX Hallison is their interpr        | ,             |                                       | •              |
| 4255 PAT LANE MILTON FL 32583 |  |                                 |                       | 3                     |                 |                |  |               |                                       |                |
| WILLOW                        | L 32300  |                                 | <u> </u>              | $\perp$               |                 |                |  |               | 11                                    | Ó-d-           |
| 5 - 5 - 2                     |  |                                 | 8                     | 14                    | City            |                |  | FL            | 85 Zir                                | Code           |
| 44 5                          | - A 647.0502   | and 647 4509 Florida Statutos   | the abo               |                       | named cor       | moration       | eubmite this statement for the           | numose of     | changing i                            | s registered   |
| office or r                   | egistered agent, or both, in the State om familiar with, and accept the obligation | if Florida. Such change was aut | nonzea t              | yυ                    | he corporat     | tion's bo      | ard of directors. I hereby acce          | pt the appoin | tment as                              | egistered      |
| SIGNATURE                     |  |                                 |                       |                       |                 |                |  | DATE          |                                       |                |
| -                             | Signature, typed or printed name of registered agent                               |                                 | Registered A          | gent                  | signature requi |                | ainstating)<br>ADDITIONS/CHANGES TO OF   |               | D DIRECT                              | OPS IN 12      |
| 12.                           | OFFICERS AND DIRECTORS   |                                 |                       |                       |                 | <u>_</u>       | ADDITIONS/CHANGES TO OF                  | - FICERS AN   | Change                                |                |
| TITLE                         | D  |                                 |                       | 1.1 TITLE             |                 |                |  |               | □ Ananâ                               | , D'Addition   |
| NAME                          | PACE, JOSEPH A.  |                                 | 1.2 NAM               | E                     |                 |                |  |               |                                       |                |
| STREET ADDRESS                | 4255 PAT LANE  |                                 | 1.3 STR               | 1.3 STREET ADDRESS    |                 |                |  |               |                                       |                |
| CITY-ST-ZIP                   | MILTON FL  |                                 |                       | 1.4 CITY-ST-ZIP       |                 |                |  |               |                                       |                |
| TITLE                         | D DELETE   |                                 | 2.1 TITLE             | 2.1 TITLE             |                 |                |  |               | Change                                | Addition       |
| NAME .                        | METZ, JACK   |                                 | 2.2 NAM               | E                     |                 |                | •  |               |                                       |                |
| STREET ADDRESS                | TTAE 01/5000400 00   |                                 | 2.3 STR               |                       | ADDRESS         |                |  |               |                                       |                |
| CITY-ST-ZIP                   | MILTON-FL  |                                 | 2.4 CIT               | v-st                  | -ZIP            | , <del>-</del> | * م دمجست کی سب جست                      |               |                                       | • ••           |
| TITLE                         | D  | ☐ DELETE                        | 3.1 TITU              |                       |                 |                |  |               | ☐ Change                              | Addition       |
| NAME                          | DOBBS, THOMAS L  |                                 | 3.2 NAM               |                       |                 |                |  |               |                                       |                |
|                               | 127 BAXLEY RD  |                                 |                       |                       | ADDRESS         |                |  |               |                                       |                |
| STREET ADDRESS                | MILTON FL  |                                 |                       |                       |                 |                | •  |               |                                       |                |
| CITY-ST-ZIP                   | MILION FL  | ☐ DELETE                        | 3,4, CIT)<br>4,1 TITL | _                     | -ZIP            |                |  |               | Change                                | Addition       |
| TITLE                         |  |                                 |                       |                       |                 |                |  |               |                                       |                |
| NAME                          |  |                                 | 4. 2 NAM              |                       |                 |                | •  |               |                                       |                |
| STREET ADDRESS                |  |                                 |                       |                       | ADDRESS         |                |  |               |                                       |                |
| CITY-ST-ZIP                   |  |                                 | 4.4 CITY              |                       | -ZIP            |                |  |               | T765                                  |                |
| TITLE                         | 1  | ☐ DELETE                        | 5.1 TITU              |                       |                 |                |  |               | Chang                                 | Addition       |
| NAME                          |  |                                 | 5.2 NAM               |                       |                 |                |  |               |                                       |                |
| STREET ADDRESS                |  |                                 | 5.3 STR               | EET                   | ADDRESS         |                |  |               |                                       |                |
| CITY-ST-ZIP                   |  |                                 | 5.4 CITY              | -ST-                  | - ZIP           |                |  |               | · · · · · · · · · · · · · · · · · · · |                |
| TITLE                         |  | ☐ DELETE                        | 6.1 TITL              | E                     |                 |                |  |               | ☐ Change                              | Addition       |
| NAME                          |  |                                 | 6.2 NAM               | Œ                     |                 |                |  |               |                                       |                |
| STREET ADDRESS                |  |                                 | 6.3 STR               | EET/                  | ADDRESS         |                |  |               |                                       |                |
| STREET ADDRESS                | 1  |                                 | C 4 CITY              |                       |                 |                |  |               |                                       |                |

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 pher like empowered.

**SIGNATURE** 

3 0 SEISMPITURE HEA

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21-99 550-6238

Daytime Phone

E037 (11/98)