

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29289 (8)

1. Corporation Name

BEAVER POND HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

% JOE D. BATSON
RT. 1. BOX 6100
SANTA ROSA BCH FL 32459

% JOE D. BATSON
RT. 1. BOX 6100
SANTA ROSA BCH FL 32459

3. Date Incorporated or Qualified
11/15/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
NOT APPLICABLE

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

2. Principal Place of Business

2a. Mailing Address

21 Joe D. Batson

26 Joe D. Batson

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Rt. 1 Box 91-C

27 Rt. 1 Box 91-C

City & State

City & State

23 Ponce De Leon, FL

28 Ponce De Leon, FL

Zip

Zip

24 32455

29 32455

Country

Country

25 Walton

30 Walton

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATSON, JOE D.
RT. 1 BOX 91-C
PONCE DE LEON FL 32455

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 PD
NAME BATSON, JOE D.
STREET ADDRESS RT 1 BOX 91-C
CITY - ST - ZIP PONCE DE LEON FL

TITLE VD
NAME REDMOND, JOHN
STREET ADDRESS RT 1 BOX 1181
CITY - ST - ZIP SANTA ROSA BCH. FL

TITLE STD
NAME BATSON, ROBERT J.
STREET ADDRESS 71 6TH ST. LOT 12
CITY - ST - ZIP SHALIMAR FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

STD
Batson, Robert J.
3119 Lynn Dr.
Navarre, FL 32566

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: Robert J. Batson Robert J. Batson

Date:

7-31-96

Daytime Phone #

(904)939-6221

CR2E037 (12/95)