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FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29289** (8)

1. Corporation Name

**BEAVER POND HUNTING CLUB, INC.**

Principal Place of Business

Mailing Address

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

**JOE D. BATSON  
RT. 1, BOX 91-C  
PONCE DE LEON FL 32455-9901  
US**



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/15/1988**

3a. Date of Last Report

**08/12/1996**

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

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

10. Name and Address of New Registered Agent

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 regis-  
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 regist  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **BATSON, ROBERT J.**  
STREET ADDRESS **3119 LYNN DRIVE**  
CITY- ST- ZIP **NAVARRE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

**Robert J. Batson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 Apr 97** (404) 439-6221  
Date Daytime Phone

0010245