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Apr 03 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 # N32320 (6) 1. Corporation Name TURKEY TOWN HUNTING CLUB, INC.
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Principal Place of Business 3262 WESR STATE RD 200 CALLAHAN FL 32011 US	Mailing Address 11536 WINGATE RD. N. RT. 4 BOX 345-B JACKSONVILLE FL 32218 US
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2. Principal Place of Business 21 3262 West State Road 200 Suite, Apt. #, etc. 22 City & State 23 Callahan, FL Zip 24 32011	2a. Mailing Address 25 11536 Wingate Road North Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32218
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3. Date Incorporated or Qualified 05/15/1989	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MITCHELL, CHARLES 301 1/2 CENTRE STREET FERNANDINA BEACH FL 32034	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, CHARLES A. 3262 WEST STATE RD 200 CALLAHAN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSEL, GEIGER 11536 WINGATE RD. N. JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER GEIGER, RUSSELL 11536 WINGATE ROAD NORTH JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYNT, BOLAND H RT. 1 BOX 2758 HILLIARD FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE-PRESIDENT BOYNT, HARVEY ROUTE 1 BOX 2245 HILLIARD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILGENBERG, GERRY 6315 CLARET DRIVE JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAYNEY, RON J 742 KIRKLAND RD YULEE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	HUNT MASTER ROBERT M. DAVIS JR. ROUTE 3 BOX 478-A HILLIARD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  CHARLES A. MITCHELL

CR2E037 (10/97)