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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N33844** (4)

1. Corporation Name

BUCK RUNNERS HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

**C/O DWAYNE T. WOODS
4896 SUMMERTIME DR
HOLT FL 32564**

**C/O DWAYNE T. WOODS
4896 SUMMERTIME DR
HOLT FL 32564-9310**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1999		3a. Date of Last Report 03/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2967344		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODS, DWAYNE T
4896 SUMMERTIME DR
HOLT FL 32564**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, DON	1.2 NAME	FRED WHITFIELD
STREET ADDRESS	P.O. BOX 154 N/A	1.3 STREET ADDRESS	5066 PASCO BRONSON CIR.
CITY-ST-ZIP	HOLT FL 32564	1.4 CITY-ST-ZIP	HOLT FL 32564
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, DWAYNE	2.2 NAME	
STREET ADDRESS	4896 SUMMERTIME DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLT FL 32564	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, RONALD	3.2 NAME	
STREET ADDRESS	POPLAR HEAD CHURCH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLT FL 32564	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, SCOTT	4.2 NAME	
STREET ADDRESS	PASCO BRONSON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLT FL 32564	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDEN, RICHARD	5.2 NAME	BEN HUGHES
STREET ADDRESS	RT. 1 BOX 85	5.3 STREET ADDRESS	5216 Dodson Rd.
CITY-ST-ZIP	HOLT FL 32564	5.4 CITY-ST-ZIP	HOLT FL 32564
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____

CR2E037 (9/96)