

# 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 # **N34204**

(0)

1. Corporation Name

**PIONEER TRAILS HUNT CLUB, INC.**



Principal Place of Business

Mailing Address

~~% WILLIAM AKERS, III~~ **RAY FERGUSON**  
~~120 E. GRANADA BLVD.~~ **1286 JOHN ANDERSON DR**  
~~ORMOND BEACH FL 32176~~ **ORMOND BEACH, FL 32176**

3. Date Incorporated or Qualified

**09/15/1989**

3a. Date of Last Report

**08/10/1995**

2. Principal Place of Business

21 **RAY FERGUSON**

2a. Mailing Address

26 **RAY FERGUSON**

4. FEI Number

**59-2998451**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **1286 JOHN ANDERSON DR**

City & State

23 **ORMOND BEACH, FL**

Zip

24 **32176**

Country

25 **USA**

Suite, Apt. #, etc.

27 **1286 JOHN ANDERSON DR**

City & State

28 **ORMOND BEACH, FL**

Zip

29 **32176**

Country

30 **USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**RAY FERGUSON**

82 Street Address (P.O. Box Number is Not Acceptable)

**1286 JOHN ANDERSON DRIVE**

83

**ORMOND BEACH**

84 City

**FL**

85 Zip Code

**32176**

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

**Ray Ferguson**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD FERGUSON, RAY**  
STREET ADDRESS **1286 JOHN ANDERSON DR**  
CITY - ST - ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **TD BROWN, DANA**  
STREET ADDRESS **P.O. BOX 5128 N/A**  
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **SD HARRIS, JAMES**  
STREET ADDRESS **600 S. ATLANTIC AVE**  
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

**Ray Ferguson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)