NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35254

1. Corporation Name

LITTLE SWEETWATER HUNTING CLUB, INC.

Principal Place of Business % DAVID E. PITTS 323 CYPRESS ST.

Mailing Address

% DAVID E. PITTS 323 CYPRESS ST.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90115 030 ****61.25



BLOUNTSTOW	N FL 32424	BLOUNTSTOWN FL 32424			T 168/1900 DDB 51/00 B55/10 19881 D1/15 D101 D101/ D101/ D101/ D101/ D101/ D101/ D101/ D101/ D101/			
2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			11/17/1989			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-301.1950		plied For		
22		27	<u> </u>		29.00.1.1900		t Applicable.	
City & State		City & State	City & State		5. Certifcate of Status Desired	\$8.75 A		
23 Zip	Country		Zip Country		6. Election Campaign Financing	\$5.00	May Bo	
24	25 29 30		¬ ′	Trust Fund Contribution Added to Fee				
24	9. Name and Address of Current				10. Name and Address of New Registered	Agent		
			81	Name				
PITTS, DA	WD F		82	Street Ac	tdress (P.O. Box Number is Not Acceptable)			
323 CYPF				SugarA	raides (F.O. Dox Halfinor is Not Accopuse)	_		
	TOWN FL 32424		83					
	The state of the s		84	City		85 Zip C	ode	
	** 1**			<u> </u>	<u> </u>			
office or a agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	' Florida. Such change was auth	ionzed by	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Age	nt signatura req	ered when reinstating) DATE			
12.	. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1,1 TITLE		D	Change	Addition	
NAME	HALL, HENRY		1.2 NAME	1	newshall, Jimmy Dale			
STREET ADDRESS	P O BOX 358 N/A		1.3 STREE	TADDRESS	Rt-1 Box 125	•		
CITY-ST-ZIP	BRISTOL FL		1.4 CITY-S	T-ZIP	Blowtstown Fl. 32424			
TITLE	D	☐ DELETE	21 TITLE		שוים נו	Change	Addition	
NAME	BUTCH THARPE		2.2 NAME		Matt 1715 1121 Harrison Ave Apt. Parana City; Fl. 32403	Φl		
STREET ADDRESS	_		2.3 STREE	TADDRESS	1121 HORRISON AUS 2010			
CITY-ST-ZIP	HOSFORD FL		2. 4 CITY-	ST-ZIP	Parama City, F/ 32+0~			
TITLE	D	☐ DELETE	3.1 TITLE	1	, ,	Change	☐ Addition	
NAME	PULLAM, RHODEN		3.2 NAME	ł				
STREET ADDRESS	I 12		3.3 STREE	TADDRESS	,	•		
CITY-ST-ZIP	HOSFORD FL		3.4. CITY-5	ST-ZIP		☐ Change	Addition	
TITLE	D	☐ DELETE	4.1 TITLE			C. cusuda	[] Addition	
NAME	RODDENBERRY, STEVE		4, 2 NAME	į.				
STREET ADDRESS	1			T ADDRESS				
CITY-ST-ZIP	BISTOL FL		4.4 CITY-5	T-ZIP		Change	- Addition	
TITLE	P	☐ DELETÉ	5.1 TITLE			Change	Addition	
NAME	PITTS, DAVID		5.2 NAME	T 4000500				
STREET ADDRESS			I	T ADDRESS	•		j	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	□ DELETE	5.4 CITY-S 6.1 TITLE	1-419		☐ Change	Addition	
TITLE	D OU FOOD DIES ANA	☐ DELETE	6.2 NAME	.	·		[] A0000011	
NAME	GILFORD PULLAM			T 4000500				
STREET ADDRESS			t '	T ADDRESS				
CITY-ST-ZIP	HOSFORD FL		6.4 CITY-S	iT-ZIP				

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, with all other like empowered.