FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

THE O	other Hunting Club, inc).			
Principal Place	e of Business	Mailing Address		T I DOMENIO MAN NI ILI DI LI BILI	81 (8)) 81811 91811 91811 91811 81811 91811 1881
% HAROLD PETTY 188 N PETTY LANE DEFUNIAK SPRINGS FL 32433 US		% HAROLD PETTY 188 N PETTY LANE DEFUNIAK SPRINGS FL 32433 US		3. Date Incorporated or Qualified 01/23/1990	3a. Date of Last Report 01/25/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2960247	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o. Continuate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29 3	¬ ·	This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,
	9. Name and Address of Curren		<u>, </u>	10. Name and Address of New R	,
81 Name [] n				HARALA PATT	·/
PETTY, HAROLD			82 Street	Address (P.O. Box Number is Not Accepta	(bfe)
ROUTE 5 BOX 267A			18	8 N PETTY LA	Ne
DEFUNIAK SPRINGS FL FL 32433			83	, , ,	
			84 City	Entitle Chairman	85 Zip Code
44 6		0 - 4 047 4500 Ft- 14 014 4	U.	eruniak springs	5 FL 32433
11. Pursuant to the provisions of Sections 617.0502 and 617.0502, 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 age	and tille if applicable. (NOTE	registered Agent signature	required which reinstating)	DATE
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAMÉ	JOHNSON, KENNETH		1.2 NAME		
STREET ADDRESS	RT. 2 BOX 900		1.3 STREET ADDRESS		
CITY-ST-ZIP	<u>DEFUNIAK SPRINGS FL</u>	T DELETE	1.4 CITY - ST - ZIP	101000000	Name N
TITLE	D D	DELETE	2 1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MAJORS, BILL		2 2 NAME	BRIAN PELLY	
STREET ADDRESS	1705 ILUNOIS AVE.		2 3 STREET ADDRESS	BRIAN PETTY 7691 CO. HWY. 1087 DEFUNIAK SPRINGS	ะ ยา องนอล
CITY-ST-ZIP TITLE	LYNN HAVEN FL	DELETE	2 4 CITY-ST-ZIP 31 TITLE	DIRECTOR	Change Addition
NAME	ADAMS, JAMES M	× section	3.2 NAME	ROBERT SMITH	
STREET ADDRESS	326 RAMBLING WAY		33 STREET ADDRESS	5669 Reinke DR.	
CITY-ST-ZIP	PACE FL		3 4. CITY - \$1 - ZIP	CRESTY/ew, FL. 324	23
THTLE	VP.	☐ DELETE	4 1 TITLE	Chesivew, I Al Sav	Change Addition
NAME	HUNT, JOSEPH		4 2 NAME		
STREET ADDRESS	RT. 5 BOX 315		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORRIS, GREG		5.2 NAME		
STREET ADDRESS	RT. 1 BOX 122		5.3 STREET ADDRESS		
CITY-ST-ZIP	FLORALA AL		5.4 CITY+ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		Change Addition
NAME	MUNT, JOEL E.		6.2 NAME		
STREET ADDRESS	DT & BOY 215		E 3 CTHEET ADDRESS	İ	

STREET ADDRESS

CITY-ST-ZIP

DEFUNIAK SPGS FL

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.

D. ROCTOR