

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N36248

(5)

1. Corporation Name

THE OTHER HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

% HAROLD PETTY  
188 N PETTY LANE  
DEFUNIAK SPRINGS FL 32433  
US

% HAROLD PETTY  
188 N PETTY LANE  
DEFUNIAK SPRINGS FL 32433  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

PETTY, HAROLD  
188 N PETTY LANE  
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified

01/23/1990

4. FEI Number

59-2960247

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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

TITLE D  
NAME JOHNSON, KENNETH  
STREET ADDRESS RT. 2 BOX 900  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

TITLE D  
NAME PETTY, BRIAN  
STREET ADDRESS 7691 CO HIGHWAY 1087  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

TITLE D  
NAME SMITH, ROBERT  
STREET ADDRESS 5669 REINKE DR  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE VP  
NAME HUNT, JOSEPH  
STREET ADDRESS RT. 5 BOX 315  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

TITLE D  
NAME NORRIS, GREG  
STREET ADDRESS RT. 1 BOX 122  
CITY-ST-ZIP FLORALA AL

☒ DELETE

TITLE P  
NAME HUNT, JOEL E.  
STREET ADDRESS RT. 5, BOX 315  
CITY-ST-ZIP DEFUNIAK SPGS FL

☐ DELETE

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Brian K. Petty Brian K. Petty

7-13-98

(850) 834-4136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Aug 19 1998 8:00am  
Secretary of State



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CR2E037 (5/98)