

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 # N36414 (3)
1. Corporation Name

BLUEBRANCH HUNTING CLUB, INC.



Principal Place of Business

140 ELSIE DAVIS RD
CENTURY FL 32535

Mailing Address

140 ELSIE DAVIS RD
CENTURY FL 32535

3. Date Incorporated or Qualified
02/01/1990

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
NOT APPLICABLE

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

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

GERALD W. GODWIN
140 ELGIE DAVIS RD
CENTURY FL 32535

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 ☐ DELETE
NAME CARDEW JUDSON
STREET ADDRESS RT 2 BOX 116 N/A
CITY-ST-ZIP FLOMATON FL 36441

11 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME DIXON, ELMER
STREET ADDRESS RT. 1 BOX 153A
CITY-ST-ZIP CENTURY FL

12 NAME ☐ Change ☐ Addition

TITLE STD ☐ DELETE
NAME GODWIN GERALD
STREET ADDRESS 140 ELSIE DAVIS RD
CITY-ST-ZIP CENTURY FL 32535

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

18 CITY-ST-ZIP ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

21 CITY-ST-ZIP ☐ Change ☐ Addition

22 CITY-ST-ZIP ☐ Change ☐ Addition

23 CITY-ST-ZIP ☐ Change ☐ Addition

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36 CITY-ST-ZIP ☐ Change ☐ Addition

37 CITY-ST-ZIP ☐ Change ☐ Addition

38 CITY-ST-ZIP ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gerald W. Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

Date

1-904-256-4214
Daytime Phone

3-15-96

CR2E037 (12/95)