FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

(3)

BLUEBRANCH HUNTING CLUB, INC.

Principal Place	e of Business	Mailing Address	**		101 01411 01011 01011 41011 01511 61611 1041
140 ELSIE DAVIS RD 140 ELSIE DAVIS RD					
CENTURY FL 32535 CENTURY FL 32535-3603					
				Date Incorporated or Qualified	3a. Date of Last Report
				02/01/1990	03/15/1996
2. Principal P	lace of Business	2a. Mailing Address	10 ° 10° 11° 11° 11° 11° 11° 11° 11° 11°	4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27			7.4	G. Certificate of Status Desireo	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<u>├</u> ────────────────────────────────────	30	This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes
	9. Name and Address of Cur		301	10. Name and Address of New Reg	—
81 Name Frank E. Godwin					
GERALD W. GODWIN 82 Street Address (ress (P.O. Box Number is Not Acceptable	
140 ELGIE DAVIS RD				GIOVER RA	⁹ ,
CENTURY FL 32535			63		
			84 City	-	es Zin Codo
			1 7 e		FL FL FL FL FL FL FL FL
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 expect. I am families with and people the objection of 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 _	Manklik	Joken		/-	6-97
12.	Signature, typed or printed name of registered OFFICERS	Bigent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE OR AND DIDECTORS IN 10
TITLE	PD	DELETE	1.1 TITLE	ADDITIONA/CHANGES TO OFFICE	Change Addition
NAME	CARDEW JUDSON		1.2 NAME		
STREET ADDRESS	RT 2 BOX 116 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	FLOMATON FL 36441		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DIXON, ELMER		22 NAME		
STREET ADDRESS	RT. 1 BOX 153A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CENTURY FL		2. 4 CITY-ST-2(P		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	GODWIN GERALD		3.2 NAME		
STREET ADDRESS	140 ELSIE DAVIS RD		3.3 STREET ADDRESS		1
CITY-ST-ZIP	CENTURY FL 32535		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I Doubte	4.4 CITY-ST-ZIP		
TITLE		DELETE "	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETÉ	5.4 CITY - ST - ZIP		Change [] 4449
NAME			6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
UNICE: POUNCO			6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

FILED

Mar 17 1997 8:00am

Secretary of State