

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37559** (4)

1. Corporation Name

THE CANOE CREEK HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

% H. H. VAUGHN
5840 VAUGHN RD
CENTURY, FL 32535 32535

% H. H. VAUGHN
5840 VAUGHN RD
CENTURY, FL 32535 32535

3. Date Incorporated or Qualified
04/10/1990

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3007821

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

VAUGHN, H. H.
5840 VAUGHN 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 ☐ DELETE
NAME **D COMALANDER, JAMES**
STREET ADDRESS **1310 COMALANDER RD**
CITY - ST - ZIP **CENTURY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D VICTOR, PHILLIP**
STREET ADDRESS **70 S. CYPRESS ST.**
CITY - ST - ZIP **WALNUT HILL FL 32568**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D NALL, RICHARD**
STREET ADDRESS **7021 STUCKEY RD**
CITY - ST - ZIP **CENTURY FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D DANNY KENT**
3.3 STREET ADDRESS **468 HOPE GRANT RD.**
3.4 CITY - ST - ZIP **Atmore, AL 36502**

TITLE ☐ DELETE
NAME **DST ALLEN, CHARLES**
STREET ADDRESS **2231 S PINE BARREN RD**
CITY - ST - ZIP **MCDavid FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D FRED JOHNSON**
4.3 STREET ADDRESS **BOX 480 N/A**
4.4 CITY - ST - ZIP **Cantonment, FL 32533**

TITLE ☐ DELETE
NAME **D WIGGINS, JERRY**
STREET ADDRESS **1581 COX RD.**
CITY - ST - ZIP **MCDavid FL 32568**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DV HALL, DEMPSEY**
STREET ADDRESS **4151 HOWARD HALL RD**
CITY - ST - ZIP **CENTURY FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D DAVID FOSTER**
6.3 STREET ADDRESS **P.O. BOX 444, N/A**
6.4 CITY - ST - ZIP **Cantonment, FL 32533**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Comalander, James Comalander 6-25-96 904-256-5182
Date Daytime Phone #