FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N37559

(4)

	CANOE CREEK HUNTING C				
Principal Plac	e of Business	Mailing Address		1 10011101 1000 11111 11101 11111	1011 91911 91911 81911 91811 91811 91911 1991
% H. H. VAUGHN \$840 VAUGHN RD CENTURY. FL 32535 32535		% H. H. VAUGHN 5840 VAUGHN RD CENTURY. FL 32535 32535-2618			
				3. Date Incorporated or Qualified 04/10/1990	3a. Date of Last Report 07/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-3007821	Applied For Not Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	ė	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	
24	[25]		30		Yes No
	9. Name and Address of Currer	II Hegistered Agent	61 Name	10. Name and Address of New Reg	gistered Agent
[[]			or ivanie		
VAUGHN, H. H. 5840 VAUGHN RD			82 Street Addr	ess (P.O. Box Number is Not Acceptable	le)
	RY FL 32535		83		
			84 City		FL 85 Zip Code
11. Purquant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statule	s, the above-named corp	oration submits this statement for the pr	
office or r	egistered agent, or both, in the State on familiar with, and accept the oblice	of Florida, Such change was au atiobs of Section 617,0503. Flor	uthorized by the corporational statutes.	oration submits this statement for the prion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE		bucken			3-27-97
	Signature, typed or printed name of registered age	and title If Applicable (NOTE:	Registered Agent signature require		DATE
12.	OFFICERS AN	D DIRECTIONS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D DOMAI ANDED TAMES	L DECENE	1.1 TITLE		L Change L Addition
NAME OTOGET ADDRESS	COMALANDER, JAMES 1310 COMALANDER RD		1.2 NAME		
STREET ADDRESS	CENTURY FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	VICTOR, PHILLIP	<u> </u>	2.2 NAME		_ change _ realism
STREET ADDRESS	70 S. CYPRESS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WALNUT HILL FL 32568		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	KENT, DANNY		3.2 NAME		i
STREET ADDRESS	468 HOPE GRANT RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATMORE AL		3.4. CITY~ST~ZIP		
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Johnson, Fred		4. 2 NAME		
STREET ADDRESS	BOX 480		4.3 STREET ADDRESS		ļ
CITY-ST-ZIP	CANTONMENT FL		4.4 CITY - 51 - ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	WIGGINS, JERRY		5.2 NAME		Į
STREET ADDRESS	1561 COX RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MCDAVID FL 32568	TT BELEVA	5.4 CITY-ST-ZIP		T 06
TITLE	D DATED DATED	☐ DELETE	6.1 TITLE		Change Addition
NAME	FOSTER, DAVID		6.2 NAME		
STREET ADDRESS	P O BOX 444		6.3 STREET ADDRESS		
CiTY-ST-ZiP	CANTONMENT FL		64 C(TY-ST-7)P		

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.

Apr 08 1997 8:00am Secretary of State

FILED