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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37559

1. Corporation Name

THE CANOE CREEK HUNTING CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/10/1990

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

9. Name and Address of Current Registered Agent

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

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** ☐ DELETE
NAME **COMALANDER, JAMES**
STREET ADDRESS **1310 COMALANDER RD**
CITY-ST-ZIP **CENTURY FL**

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

TITLE **D** ☐ DELETE
NAME **KENT, DANNY**
STREET ADDRESS **468 HOPE GRANT RD**
CITY-ST-ZIP **ATMORE AL**

TITLE **D** ☒ DELETE
NAME **JOHNSON, FRED**
STREET ADDRESS **BOX 480**
CITY-ST-ZIP **CANTONMENT FL**

TITLE **D** ☐ DELETE
NAME **WIGGINS, JERRY**
STREET ADDRESS **1561 COX RD.**
CITY-ST-ZIP **MCDavid FL 32568**

TITLE **D** ☐ DELETE
NAME **FOSTER, DAVID**
STREET ADDRESS **P O BOX 444**
CITY-ST-ZIP **CANTONMENT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **DONNIE MACKS**
1.4 CITY-ST-ZIP **301 TEDDER RD.**
CENTURY, FL 32535

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)(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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

Feb. 18, 1999
Daytime Phone # **850-256-5182**

CR2E037 (11/98)