

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90017 011 \*\*\*\*61.25

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Corporation Name

**Kinard Sportsman Club**  
**Culhoun County**

Principal Place of Business

Mailing Address

**2104 Juniper AVE**  
**Port St Joe FL 32456**



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1. Principal Place of Business <b>Kinard Sportsman Club</b>		2a. Mailing Address <b>2104 Juniper AVE</b>		3. Date Incorporated or Qualified <b>6-1-90</b>	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number <b>59-3130383</b>	
City & State <b>Kinard FL</b>		City & State <b>Port St Joe FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32449</b>		Zip <b>32456</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>Culhoun</b>		Country <b>Gulf</b>			
9. Name and Address of Current Registered Agent <b>Donald W. Guillot</b> <b>2109 Juniper AVE</b> <b>Port St Joe FL 32456</b>				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				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 <i>Donald W. Guillot</i> Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE <b>7-15-99</b>	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>President</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Winston Capps</b>		1.2 NAME		
STREET ADDRESS	<b>P.O. Box 116 Kinard FL 32449</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Leonard Burkett</b>		2.2 NAME		
STREET ADDRESS	<b>1111 Merigold St Panama City FL 32404</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Donald Guillot</b>		3.2 NAME		
STREET ADDRESS	<b>2104 Juniper AVE Port St Joe FL 32456</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	<b>Pat Bentry</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>9217 Auger AVE</b>		4.2 NAME		
STREET ADDRESS	<b>Port St Joe FL 32456</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

*Donald W. Guillot*  
Signature and typed or printed name of signing officer or director  
**Donald W. Guillot**

Secretary

7-2-99

Date

Daytime Phone #

(850)

227-7561

CR2E037 (1/98)