

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 006 ****70.00

DOCUMENT # N38300

1. Entity Name

KINARD SPORTSMAN'S CLUB, INC.



Principal Place of Business

4245 SW SR 73
KINARD FL 32449

Mailing Address

4245 SW SR 73
KINARD FL 32449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3130383

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPPS, WINSTON
4245 SW SR 73
KINARD FL 32449

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Winston Capps*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-5-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAPPS, WINSTON
STREET ADDRESS 4245 SW SR 73
CITY-ST-ZIP KINARD FL 32449

TITLE DVP ☐ Delete
NAME ALDAY, ALBERT
STREET ADDRESS RT 2 BOX 293
CITY-ST-ZIP ALTHA FL 32421

TITLE S ☒ Delete
NAME NICHOLS, HENRY
STREET ADDRESS RT 1 BOX 121
CITY-ST-ZIP CLARKSVILLE FL 32402

TITLE D ☐ Delete
NAME BARKER, TD
STREET ADDRESS RT 1 BOX 7707
CITY-ST-ZIP KINARD FL 32449

TITLE D ☐ Delete
NAME YOUNG, EUGENE
STREET ADDRESS PO BOX 472
CITY-ST-ZIP ALTHA FL 32421

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Suggs Paul E*
STREET ADDRESS *14703 S.W. 81st Circle*
CITY-ST-ZIP *Kinard, Florida 32449*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Winston Capps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-05

Date

850-639-5308

Daytime Phone #