

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N40547

1. Corporation Name

NO DOE SPORTSMENS CLUB, INC.

Principal Place of Business

Mailing Address

MONROE JOHNSON ROAD
KINARD FLA.

P.O. Box 217
KINARD, FL. 32449

FILED

99 JUN 21 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21 MONROE JOHNSON Rd.

26 P.O. Box 217

3. Date Incorporated or Qualified

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 N/A

27 N/A

59-306 7727

Not Applicable

City & State

City & State

23 KINARD FLA.

28 KINARD, FLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

24 32449

25

29 32449

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JERRY BRIDGEON
239 WEST HWY 22
WENAHITCHKA, FL. 32465

81 Name

STEVE JOHNSON

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

1113 WEST BULKNELL AVE.

83

84 City

INVERNESS

FL

85 Zip Code

34451

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)

06/21/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME MILES, JEFFREY D.
STREET ADDRESS 5197 STEWART DRIVE
CITY-ST-ZIP PANAMA CITY, FL. 32401

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME JOHNSON, RODNEY
STREET ADDRESS P.O. Box 217
CITY-ST-ZIP KINARD, FL. 32449

1.2 NAME ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME JOHNSON, STEVE
STREET ADDRESS P.O. Box 373
CITY-ST-ZIP INVERNESS FL. 34451

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5 CITY-ST-ZIP

900002918543--4

06/29/99 01054-002

*****61.25 *****61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/99 (352-344-5992)

Date

Daytime Phone #

CR2E037 (11/98)