

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40746 (2)

1. Corporation Name

FLORIDA POWER EMPLOYEES BOW HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

C/O J.R. LINDQUIST  
PO BOX 14042, MAC B3N  
ST. PETERSBURG FL 33733  
US

C/O J.R. LINDQUIST  
PO BOX 14042, MAC B3N  
ST. PETERSBURG FL 33733  
US

3. Date Incorporated or Qualified

11/09/1990

3a. Date of Last Report

04/05/1995

4. FEI Number

59-3036298

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDQUIST, JOSEPH R  
6795-14TH ST. S  
ST. PETERSBURG FL 33705

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D MCKINNIE, STEPHEN E  
STREET ADDRESS  
2946 BRYANT ST  
CITY-ST-ZIP  
EUSTIS FL

TITLE ☐ DELETE

NAME  
DP REYNOLDS, JOHN  
STREET ADDRESS  
450 68 AVE S  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
D WILSON, GEORGE W  
STREET ADDRESS  
PO BOX 337  
CITY-ST-ZIP  
LECANTO FL

TITLE ☐ DELETE

NAME  
DS LINDQUIST, JOSEPH  
STREET ADDRESS  
6795-14TH ST. S  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
D PEACOCK, WAYNE  
STREET ADDRESS  
615 N CALHOUN ST  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ DELETE

NAME  
DV PEARSON, PAUL  
STREET ADDRESS  
1917 TANGLEWOOD DR. NE  
CITY-ST-ZIP  
ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

DV  
WILSON, GEORGE W  
P.O. BOX 337  
LECANTO, FL N/A

000001823590  
-05/15/96--01141--036  
\*\*\*61.25

D  
PEARSON, PAUL  
1917 TANGLEWOOD DR. NE  
ST PETERSBURG, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

(813)866-5429

CR2E037 (12/95)