

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42065 (5)

1. Corporation Name

FLORIDA STATE STILL HUNTERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**ROUTE 7 BOX 776
LAKE CITY FL 32055**

**ROUTE 7 BOX 776
LAKE CITY FL 32055**

3. Date Incorporated or Qualified

02/13/1991

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3049998

Applied For

Not Applicable

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

**WARREN, ALVIN E.
ROUTE 7 BOX 776
LAKE CITY FL 32055**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WHITE, HOWARD**
STREET ADDRESS **RT 7 BOX 778 N/A**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ DELETE
NAME **TUCKER, RT 7 BOX 767 N**
STREET ADDRESS **RT 7 BOX 767 N/A**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ DELETE
NAME **CHRISTIE, NICKY**
STREET ADDRESS **RT 7 BOX 722A N/A**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ DELETE
NAME **ROGERS, W.C.**
STREET ADDRESS **RT 7 BOX 766 N/A**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **S** ☐ DELETE
NAME **HARTLEY, IRWIN N**
STREET ADDRESS **RT. 7 BOX 770 N/A**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **T** ☐ DELETE
NAME **EDMONDS, CLAUDE**
STREET ADDRESS **1115 LANE AVE. N**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **ALVIN E WARREN**
1.3 STREET ADDRESS **RT 7 Box 776 N/A**
1.4 CITY-ST-ZIP **LAKE CITY FL 32055**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **FREEMAN L. DOWLING**
2.3 STREET ADDRESS **P.O. Box 93 N/A**
2.4 CITY-ST-ZIP **OLUSTEE FL 32072**

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 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: *Alvin E Warren P.* **ALVIN E WARREN** **MARCH 17, 1996** **904752**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)