


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 ROUTE 7 BOX 776 LAKE CITY FL 32055 | Mailing Address ROUTE 7 BOX 776 LAKE CITY FL 32055-9704 |
|--|---|

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/13/1991 | | 3a. Date of Last Report 03/25/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3049998 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent WARREN, ALVIN E. ROUTE 7 BOX 776 LAKE CITY FL 32055 | | | | 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 Alvin E. Warren DATE 4/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 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 do 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, changed, or on an attachment with an address.

SIGNATURE: Alvin E. Warren

CR2E037 (9/96)

For 1997 & 1998

OFFICERS OF CLUB

PRESIDENT: ALVIN E. WARREN
RT. 7, BOX 776 *N/A*
LAKE CITY, FL 32055
(904)752-1495

VICE-PRES: FREEMAN DOWLING *N/A*
P. O. BOX 93
OLUSTEE, FL 32072
(904)752-5662

SECRETARY: I. N. (SONNY) HARTLEY
RT. 7, BOX 770 *N/A*
LAKE CITY, FL 32055
(904)752-7404

TREASURER: CLAUDE EDMONDS
1115 LANE AVE. N.
JACKSONVILLE, FL 32205
(904)783-1477

DIRECTORS: HOWARD WHITE
RT. 7, BOX 778 *N/A*
LAKE CITY, FL
(904)755-2363

TUCKER, A.W.
RT. 7, BOX 767 *N/A*
LAKE CITY, FL 32055
(904)755-3425

NICKY CHRISTIE
RT. 7, BOX 722 A *N/A*
LAKE CITY, FL 32055
(904)752-3193

W. C. ROGERS
RT. 7, BOX 766 *N/A*
LAKE CITY, FL 32055
(904)752-4359

I. N. (SONNY) HARTLEY
RT. 7, BOX 770 *N/A*
LAKE CITY, FL 32055
(904)752-7404