

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90012 030 ****61.25

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DOCUMENT # N42065

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/13/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3049998

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

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

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

Alvin E. Warren **ALVIN E. WARREN**

1-4-99

Signature of person named as registered agent and, if applicable, as

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

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:

Alvin E. Warren **ALVIN E. WARREN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

904-82-1495

Daytime Phone #

CR2E037 (11/98)