

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 90006 041 ****61.25

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DOCUMENT # N43034

1. Corporation Name

THE TAYLOR CREEK BASS CLUB, INC.

Principal Place of Business

P.O. BOX 3179
OKEECHOBEE FL 34973

Mailing Address

P.O. BOX 3179
OKEECHOBEE FL 34973



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/15/1991

4. FEI Number

65-0274698

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

9. Name and Address of Current Registered Agent

MULLINS, DAVID
614 SE 8TH AVE.
B.H.R.
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

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 David Mullins
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **P VEST, DOUG**
STREET ADDRESS **1759 S. PARROTT AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ DELETE
NAME **VP HARTLEY, MALCOLM**
STREET ADDRESS **P.O. BOX 3091**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ DELETE
NAME **T MULLINS, DAVID**
STREET ADDRESS **614 SE 8TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☒ DELETE
NAME **S FORD, HARVEY**
STREET ADDRESS **2085 S.W. 19TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ DELETE
NAME **TD SEITZ, WILLIAM**
STREET ADDRESS **3111 S.E. 39TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ DELETE
NAME **ATD FORD, VIRGINIA**
STREET ADDRESS **2085 S.W. 19TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PRESIDENT DAVID PEARCE**
1.3 STREET ADDRESS **8897 SE 59th DR.**
1.4 CITY-ST-ZIP **OKEECHOBEE FL. 34974**

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 **SECRETARY BEN BOLAN**
4.3 STREET ADDRESS **823 SE 4th ST.**
4.4 CITY-ST-ZIP **OKEECHOBEE FL. 34974**

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 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: David Mullins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 941-467-8272
Date Daytime Phone #

CR2E037 (11/98)