

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90028 040 ****61.25

0060267

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N44118

1. Corporation Name

LAKEWOOD HUNTING CLUB, INCORPORATED

Principal Place of Business

32 BEN ASHLEY ROAD
LAUREL HILL FL 32567
US

Mailing Address

32 BEN ASHLEY ROAD
LAUREL HILL FL 32567
US



2. Principal Place of Business

21 **875 Wilkerson R.D.**
Suite, Apt. #, etc.

22 **Defuniak Spgs. FLA.**
City & State

23 **32433** **Walton**
Zip Country

24 **32** **32**
City State

2a. Mailing Address

26 **875 Wilkerson R.D.**
Suite, Apt. #, etc.

27 **Defuniak Spgs. FLA.**
City & State

28 **32433** **Walton**
Zip Country

29 **32** **32**
City State

3. Date Incorporated or Qualified

06/28/1991

4. FEI Number

59-3074114

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

APLIN, THOMAS E.
32 BEN ASHLEY ROAD
LAUREL HILL FL 32567

10. Name and Address of New Registered Agent

81 **TRAVIS Wilkerson**
82 **875 Wilkerson Road**
83 **Defuniak Spgs FLA.**
84 **32433** **FL** **32433**

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 **Travis Wilkerson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BRASWELL, DERRY**
STREET ADDRESS **RT. 2, BOX 867, 1175 HWY 285 N.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **ADKISSON, BOBBY**
STREET ADDRESS **846- SCHOFIELD ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **GRIFFITH, JOHN D**
STREET ADDRESS **2546 PUNCH BOWL ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **APLIN, THOMAS E**
STREET ADDRESS **32 BEN ASHLEY RD.**
CITY-ST-ZIP **LAUREL HILL FL**

TITLE **DP** ☒ DELETE
NAME **WILKERSON, TRAVIS**
STREET ADDRESS **815 WILKERSON ROAD**
CITY-ST-ZIP **DEEDNIAK SPRINGS FL 32433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Travis Wilkerson**
1.3 STREET ADDRESS **875 Wilkerson Road**
1.4 CITY-ST-ZIP **Defuniak Spgs. FLA. 32433**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Lewis Coffield**
2.3 STREET ADDRESS **49 Brittany Ct**
2.4 CITY-ST-ZIP **Defuniak Spgs FLA. 32433**

3.1 TITLE **S.T.** ☒ Change ☐ Addition
3.2 NAME **Roger Daughtrey**
3.3 STREET ADDRESS **1371 Co Rd 0605**
3.4 CITY-ST-ZIP **Defuniak Spgs FLA. 32433**

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 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:

ROGER DAUGHTREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30

850 834-2329

Date

Daytime Phone #

CR2E037 (11/98)