

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 4/3/95: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # N45449 (8)**

1. Corporation Name

**VAUGHN DEAD RIVER HUNTING CLUB, INC.**

Principal Place of Business <b>RR 1 BOX 314-C WESTVILLE FL 32464</b>	Mailing Address <b>RR 1 BOX 314-C WESTVILLE FL 32464</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/02/1991</b>	3a. Date of Last Report <b>10/05/1994</b>
4. FEI Number <b>59-3077758</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>FILING FEE IS \$61.25</b>	
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 Rte. 3, Box 318</b>	2a. Mailing Address <b>26 Rte. 3, Box 318</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Bonifay, FL</b>	City & State <b>28 Bonifay, FL</b>
Zip <b>24 32425</b>	Country <b>29 32425</b>
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MIMS, BILLY W.  
RT 1 BOX 332-B  
WESTVILLE FL 32464**

10. Name and Address of Now Registered Agent

81 Name <b>Melvin E. Wilson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Rte. 3, Box 82</b>
83
84 City <b>Bonifay</b>
85 Zip Code <b>FL 32425</b>

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: *Melvin E. Wilson* (NOTE: Registered Agent signature required when re-registering) DATE: 7-25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>ALRED, ROY</b>	11 TITLE <b>DIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>315 S JORDAN ST</b>	(Delete)	12 NAME <b>Melvin E. Wilson</b>	
CITY - ST - ZIP <b>SAMSON AL</b>		13 STREET ADDRESS <b>Rt. 3, Box 82</b>	
TITLE <b>D</b>	NAME <b>WILSON, MELVIN</b>	14 CITY - ST - ZIP <b>Bonifay, FL 32425</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>RT 3 BOX 82</b>	(Delete)	21 TITLE <b>DIV</b>	
CITY - ST - ZIP <b>BONIFAY FL</b>		22 NAME <b>Keith Holman</b>	
TITLE <b>DV</b>	NAME <b>MIMS, BILLY W.</b>	23 STREET ADDRESS <b>5413 Millcreek Rd.</b>	
STREET ADDRESS <b>RT 1 NBOX 342B</b>	(Delete)	24 CITY - ST - ZIP <b>Graceville, FL 32440</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP <b>WESTVILLE FL</b>		31 TITLE	
TITLE <b>DT</b>	NAME <b>DEAL, ROGER</b>	32 NAME	
STREET ADDRESS <b>RT 1 BOX 314-C</b>		33 STREET ADDRESS	
CITY - ST - ZIP <b>WESTVILLE FL</b>		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DS</b>	NAME <b>WILSON, ANZEL D</b>	41 TITLE	
STREET ADDRESS <b>RT. 3 BOX 318</b>		42 NAME	
CITY - ST - ZIP <b>BONIFAY FL</b>		43 STREET ADDRESS	
TITLE		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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 110.07(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: *Melvin E. Wilson* DATE: 7-25-95 DAYPHONE: 904-547-9471

CR2E037 (3/95)