FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N45449

(8)

NAME HOLMAN, KEITH 22 NAME 23 STREET ADDRESS 5413 MILLCREEK RD 23 STREET ADDRESS CITY - ST - ZIP	1. Corporation VAUGI	HN DEAD RIVER HUNTIN	G CLUB, INC.			 		
BONIFAY FL 3245 BONIFAY FL 3245 SUBSTITUTE SUBSTI	Principal Place	of Business	Mailing Address		***************************************	- E (BB/(118) DI) B1901 B11% B1011 B1010	TERU OLDEK OLDEN ÖYÜLÜ İ	FARAN BURNA BURNA 1886
2. Principal Place of Business 2.e. Mainry Address 2.e. Mainry Address 4. FEI Number 5. Design of Last Report 10/02/1991 00/08/33/1995 2.e.	BONIFAY FL		BONIFAY FL 32425					
28 Suite, Apt. V. etc. Suite, Apt. V.						10/02/1991		
Sales, April #, etc. Suite, April #, etc. South April #, etc.								
Page							€ β.	
25 Country Zp Country Zp Sp Sp. 100 March Sp. 190 March Sp	— L					5. Certificate of Status Desired		
Zip Country Zip 30 Signer Address of Current Registered Agent							5	.00 May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent WILSON, MELVIN E RT 3 BOX 82 BONIFAY FL 32425 13. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 617 0700 and 617 1539. Fords Statutes, the above named corporation submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Floride. Such change was statutes, the above named corporation submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Floride. Such change was statutes, the above named corporation submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Floride. Such change was statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered of decides. I thereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of decides. I thereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of decides. I thereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of decides. I thereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of decides. I thereby accept the appointment as registered of the purpose of changing its registered of the purpose of changing its registered of the purpose of the		Country		Countr			AD	
WILSON, MELVIN E RT 3 BOX 82 BONIFAY FL 32425 ### Additions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of charging its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of charging its registered agent, or both, in the State of Florida. Statutes, the above named corporation submits this statement for the purpose of charging its registered of cregistered 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, or both, in the State of Florida. Statutes. ### SIGNATURE 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 charging its registered of cregistered 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 formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I am formally in the purpose of charging its registered agent. I a		25	29					s. 199.032,
WILSON, MELVIN E RT 3 BOX 82 BONIFAY FL 32425 82 Street Address (P.O. Box Number is Not Acceptable) 83 Oily 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-harmed composalion authorities this statement for the purpose of charging its registered of or registered agent, or both, in the State of Florids. Such charge was authorized by the corporation's board of directors. I hereby except the appointment are registered agent, or both, in the State of Florids. Such charge was authorized by the corporation's board of directors. I hereby except the appointment are registered agent. I am state of the purpose of charging its registered of or directors. I hereby except the appointment are registered agent. I am state of the purpose of charge agents and state registered agent. I am state of the purpose of charge agents and state registered agent. I am state of the purpose of charge agents and state registered agent. I am state of the purpose of charge agents. I am state of the purpose of charge agents and state registered agent. I am state of the purpose of charge agents and state registered agent. I am state agent and state agent and state registered agent. I am state agent and state registered agent. I am state agent and state registered agent. I am state agent agent and state registered agent. I am state agent		9. Name and Address of Cur	rent Registered Agent					
BT 3 BOX 82 BONIFAY FL 32425 Ba				81	Name			
BONIFAY FL 32425 88				82	82 Street Address (P.O. Box Number is Not Acceptable)			
Section Telegraph Sections 17,0502 and 617,1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered of changing its registered agent. Or both, in the State of Florida. Such change was authorized by the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation's beard of directors, I hereby scoept the appointment as registered of sensitive the corporation's beard of directors, I hereby scoept the appointment as registered of sensitive the corporation's beard of directors, I hereby scoept the appointment as registered of sensitive to provide rate of sensitive the corporation's beard of directors, I hereby scoept the appointment as registered of sensitive the corporation's beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation is beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation is beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation is beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation is beard of directors, I hereby scoept the appointment as registered agent. I sensitive the corporation and the corporation appointment was appointment as a sensitive the corporation and the corporation and the				83				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Riorida Statutes, the above-named corporation submits this statement for the purpose of Langing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiporniment as registered agent. I am registered agent. I am state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiporniment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. DIRECTORS IN 12. WILSON, E MELVIN 12. INITIAL 13. SIRECTADRESS SIRECTADRESS SIRECTADRESS SIRECTADRESS 5413 MILLCREEK RD 13. SIRECTADRESS 5413 MILLCREEK RD 14. DIFF. 51.2P DELETE 14. DIFF. 51.2P DELETE 15. TITLE DFAIL Change Addition	DUNIFA	1 FL 32423						
11. Pursuant to the provisions of Socions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of or registered agend, ro both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agend. I am SIGNATURE Signature Decision Socion 617,0503, Florida Statutes.								•
Signature System of procedure lapid land late of applications NOTE Recyclined Agent signature recovered when rendating) DATE	familiar wit			the above- by the corp	named corporat oration's board	tion submits this statement for the purp of directors. I hereby accept the appoi	ose of changing its ntment as register	s registered office ed agent. I am
DP				Registered Ager	nt aignature required v	when reinstaling)	DATE	
NAME WILSON, E MELVIN 12 NAME 13 STREET ADDRESS RT 3 BOX 82 13 STREET ADDRESS CITY-ST-ZIP BONIFAY FL 14 DITY-ST-ZIP Change Addition						ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS CITY-ST-ZPP BONIFAY FL DV DV DELETE 21 TITLE DV STREET ADDRESS SAME STREET ADDRESS SAME STREET ADDRESS CITY-ST-ZPP TITLE DT DT DELETE DT STREET ADDRESS AT 1 BOX 314-C STREET ADDRESS CITY-ST-ZPP TITLE DS DS DELETE DS DS DELETE A1 TITLE DS STREET ADDRESS CITY-ST-ZPP TITLE DS STREET ADDRESS CITY-ST-ZPP TITLE DS STREET ADDRESS CITY-ST-ZPP TITLE DELETE A4 CITY-ST-ZPP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZPP TITLE A4 CITY-ST-ZPP A4 CITY-ST-ZPP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZPP TITLE A4 CITY-ST-ZPP A4 CITY-ST-ZPP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZPP TITLE A4 CITY-ST-ZPP A4 CITY-ST-ZPP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZPP TITLE A4 CITY-ST-ZPP A4 CITY-ST-ZPP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZPP A4 CITY-ST-ZPP A4 CITY-ST-ZPP A4 CITY-ST-ZPP TITLE DELETE A4 CITY-ST-ZPP A4 CITY-ST-ZPP A4 CITY-ST-ZPP A4 CITY-ST-ZPP A4 CITY-ST-ZPP TITLE A4 CITY-ST-ZPP TITLE A4 CITY-ST-ZPP A4 CITY-ST			[] DECEIE	i i			Change	e 🔲 Addition
STREET ADDRESS SONIFAY FL					ADDRESS			
DV	CITY-ST-ZIP							
STREET ADDRESS	THILE		DELETE				☐ Chang	e Addition
CHY_ST_ZIP GRACEVILLE FL	NAME.	HOLMAN, KEITH		2.2 NAME				
DEAL, ROGER				2.3 STREET	ADDRESS			
NAME DEAL, ROGER STREET ADDRESS RT 1 BOX 314-C 33 STREET ADDRESS CITY- ST-ZIP WESTVILLE FL 34. CITY- ST-ZIP TITLE DS DELETE 4.1 TITLE NAME WILSON, ANZEL D 4.2 NAME STREET ADDRESS CITY- ST-ZIP BONIFAY FL DELETE 5.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS			FIRE		ST-ZIP			
STREET ADDRESS		-,	Mereir				Change	Addition
STREET ADDRESS STRE					ADDRESS			
DS				1				
NAME WILSON, ANZEL D At 2 NAME AT 3 BOX 318 BONIFAY FL DELETE STREET ADDRESS CITY- ST-ZIP NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE Addition Addition Change Addition Addition Addition Addition STREET ADDRESS CITY- ST-ZIP TITLE DELETE AME 63 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		DELETE				☐ Change	Addition
A4 CITY-ST-ZIP	NAME			4. 2 NAME			 •••	
DELETE				4.3 STREET ADDRESS				
STREET ADDRESS		BONIFAY FL	Pariere		T-ZIP			
STREET ADDRESS			□ DFTF 1F				Change	Addition
CITY-ST-ZIP	i i				ADDRESS			
TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS					•			
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS			DELETE		1-71		Chance	Addition
V V VIII THO NEW	NAME		_				ondrigo	
	STREET ADDRESS			6 3 STREET	ADDRESS			
64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this control report to produce the certify that the information indicated on this control report to produce the certify that the information indicated on this control report to produce the certification.	CITY-ST-ZIP			64 CITY-S	T - ZIP			

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 or changed, or on an attachment with an address.

SIGNATURE: 2

ngel 1. Wilson HNZPI D. WILSON INTEREST OF DIRECTOR

2-26-96 Date 904-547-5110