

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N45522 (2)**

1. Corporation Name

**DEERTAIL SPORTSMAN CLUB, INC.**

Principal Place of Business

P.O. BOX 971  
FT. MEADE FL 33841

Mailing Address

P.O. BOX 971  
FT. MEADE FL 33841



3. Date Incorporated or Qualified  
**10/08/1991**

3a. Date of Last Report  
**08/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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4. FEI Number  
**59-3043427**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRICKLIN, JAMES W.  
1180 N MILL AVE  
BARTOW FL 33830**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ELDER, CAL	
STREET ADDRESS	815 WILSON AVE S	
CITY - ST - ZIP	BARTOW FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STICKLIN, JAMES W	
STREET ADDRESS	1180 N MILL AVE	
CITY - ST - ZIP	BARTOW FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRUMMETT, ALAN	
STREET ADDRESS	502 E. BONONA ST.	
CITY - ST - ZIP	BOWLING GREEN FL 33834	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DONALD	
STREET ADDRESS	624 OAK DR.	
CITY - ST - ZIP	FT. MEADE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKERSON, REX	
STREET ADDRESS	1206 KINSMAN DRIVE	
CITY - ST - ZIP	AUBURNDAL FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, BRIAN K	
STREET ADDRESS	3111 BENNYBROOK DR., N.	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STRICKLIN, JAMES W	
1.3 STREET ADDRESS	1180 N. MILL	
1.4 CITY - ST - ZIP	BARTOW, FL. 33830	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PENDLEY, RICHARD	
2.3 STREET ADDRESS	218 S. PALMETTO ST.	
2.4 CITY - ST - ZIP	FT. MEADE, FL. 33841	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	000001776130	
3.3 STREET ADDRESS	-04/11/96--01022--004	
3.4 CITY - ST - ZIP	***61.25	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOODARD, MAC	
4.3 STREET ADDRESS	490 BINGHAM ST.	
4.4 CITY - ST - ZIP	EAGLE LAKE, FL. 33839	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WHISTIN, JOHN	
5.3 STREET ADDRESS	1380 RICHLAND RD.	
5.4 CITY - ST - ZIP	BARTOW, FL. 33830	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEWART, RONALD W	
6.3 STREET ADDRESS	6631 CRYSTAL BCH. RD.	
6.4 CITY - ST - ZIP	WINTER HAVEN, FL. 33880	

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: *J.W. Stricklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 941-285-8121  
Date Daytime Phone #

CR2E037 (12/95)