FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(2)

DEERTAIL SPORTSMAN CLUB, INC.						
Principal Place of Business Mailing Address						1 144 mer auf arfal anna main arfal arfall denn aran diate arfall annu man
P.O. BOX 971 FT. MEADE FL	33841	P.O. BOX 971 FT. MEADE FL 33841				3. Date Incorporated or Qualified 10/08/1991 4. FEI Number Applied For
<u></u> .		A transfer of the				59-3043427 Not Applicable
2. Principal P	ace of Business	2a. Malling Address 26				5. Certificate of Status Desired Section Secti
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners association?
23		26				☐ Yes ☐ No
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	т—		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent
				اتا	1401110	
OWEN, HORACE M.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
820 ACUFF RD.				63		
FT. MEADE FL 33841				63		
				84	City	85 Zip Code
44 0		00 4 017 4500 Fig. id- Co.	4	Щ		FL 20 20 20 20 20 20 20 20 20 20 20 20 20
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 purpose of Section 617.0503, Florida Statutes.						
SIGNATURE Signative, typed or privile name of registered agent and see it applicates (ROTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD Q DELETE 1.1		1.1 7	ITLE		P Change Addition
NAME	OWEN, HORACE M		1.2 N	AME	f.	MEDLEY O HENRY E. OR
STREET ADDRESS	820 ACUFF RD.	1		TREET	ADDRESS '	5520 2N CT
CITY-ST-ZIP	FT. MEADE FL			ITY-SI	r-zip	1161113ND CITY FL 33846
TITLE	VD	DELETE 2.1		TLE		Change Addition
NAME	PENDLEY, RICHARD	HARD 23		AME		WoodARd, MAC
STREET ADDRESS	218 S PALMETTO ST		2.3 STREE		ADDRESS	LIGN RINGKAM ST
CITY-ST-ZIP	FT. MEADE FL 33841		2.4 (ZTY-S	7-ZIP	BARTOW FL 33839
THTLE	DS	☐ DELETE	3.1 TITLE		Ţ	5 D Change Addition
NAME	ąrummett, alan		32 N	AME		BRUM METT, ALAN
STREET ADDRESS	\$ 02 €. BONONA ST.		3.3 S	TREET	ADDRESS	602 F BANANA ST
CITY-ST-ZIP	BOWLING GREEN FL		3.4. (CITY-S	7-ZIP	BOWLING GREEN FL 23834
TITLE	D	☐ DELETE	4.1 T	ITLE		Change Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

WOODARD, MAC

490 BINGHAM ST

WHISTIN, JOHN

BARTOW FL 33839

1380 RICHLAND DR

BARATOW FL 33830

STEWART, RONALD W

6631 CRYSTAL BEACH RD

PONALL W. STEWART HED

DELETE

DELETE

STEWART, RONALD W

6631 CRYSTAL BLACK

A. HOSTETLER

WINTER HAVEN FL

FILED

Apr 15 1998 8:00am

Secretary of State