

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90112 019 ****61.25

DOCUMENT # N45522

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/08/1991

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

9. Name and Address of Current Registered Agent

OWEN, HORACE M.
820 ACUFF RD.
FT. MEADE FL 33841

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS MEDLEY, HENRY E JR
CITY-ST-ZIP 5520 3RD ST
HIGHLAND CITY FL 33846

TITLE ☐ DELETE

NAME VD
STREET ADDRESS WOODARD, MAC
CITY-ST-ZIP 490 BINGHAM ST
BARTOW FL 33839

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BRUMMETT, ALAN
CITY-ST-ZIP 602 E BANANA ST
BOWLING GREEN FL 33834

TITLE ☐ DELETE

NAME TD
STREET ADDRESS STEWART, RONALD W
CITY-ST-ZIP 6631 CRYSTAL BEACH RD
WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME D
STREET ADDRESS WHISTIN, JOHN
CITY-ST-ZIP 1380 RICHLAND DR
BARTOW FL 33830

TITLE ☐ DELETE

NAME D
STREET ADDRESS HOSTETLER, JERRY A
CITY-ST-ZIP 4085 PERRY AVE
FORT MEADE FL 33841

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Date

941-285-8121

Daytime Phone #