


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N49504 (6)</b> 1. Corporation Name <b>PACETTI'S HUNTING CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 3791 ST. AUGUSTINE FL 32085</b>			Mailing Address <b>P.O. BOX 3791 ST. AUGUSTINE FL 32085</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/23/1992</b> 4. FEI Number <b>59-3118832</b> Applied For Not Applicable	
5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>SIRAGUSA, MICHAEL A. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085-3007</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	RAULERSON, CARL	3354 RAULERSON RD	ST AUGUSTINE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	MASTERS, CHRIS	5930 ARMSTRONG RD, LOT B	ELKTON FL	1.2 NAME	
SD	BURCHFIELD, BRIAN	2900 PLEASURE LANE	ST. AUGUSTINE FL	1.3 STREET ADDRESS	
TD	STRICKLAND, WAYNE	P.O. BOX 4226 N/A, 399 FORTUNA AVE	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
D	BURCHFIELD, MICHAEL	1480 ST MARKS POND BLVD.	ST. AUGUSTINE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	MILLS, JERRY	P.O. BOX 3767 3545 LEWISPEEDWAY	ST. AUGUSTINE FL	2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				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)(l), 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: \_\_\_\_\_ 3/24/98 904 - 829-5735

CR2E037 (10/97)