

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 # N50425 (0)
1. Corporation Name
FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 638 P.O. BOX 638
ALTOONA FL 32702 ALTOONA FL 32702

3. Date Incorporated or Qualified **08/13/1992** 3a. Date of Last Report **06/29/1995**

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	4. FEI Number 59-3135704	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILSON, JIMMIE E
25700 SE HWY
STE 42
UMATILLA FL 32784

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CDP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, BYRON	1.2 NAME	GRIFFEN, SONNY
STREET ADDRESS	10630 LELAND HAWES RD	1.3 STREET ADDRESS	1520 OLD BAYLE LAKE ROAD
CITY-ST-ZIP	THONOTOSASSA FL	1.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TILLMAN	2.2 NAME	SMITH, TILLMAN
STREET ADDRESS	2505 KINGSLAND AVENUE	2.3 STREET ADDRESS	2505 KINGSLAND AVENUE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, EMMETT	3.2 NAME	DUSKA, DENNIS
STREET ADDRESS	20898 SE 142ND LANE	3.3 STREET ADDRESS	5980 S. HWY 314-A
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	OCKLAUWAHA, FL 32179
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLEFIELD, DONNIE	4.2 NAME	GRUBBS, EMOY
STREET ADDRESS	800 SE 170TH AVE	4.3 STREET ADDRESS	RT. 1 BOX 372
CITY-ST-ZIP	SILVER SPRIGNS FL	4.4 CITY-ST-ZIP	PALATKA, FL 32131
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DAN	5.2 NAME	
STREET ADDRESS	6202 RANIER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, JAMES	6.2 NAME	CHRISTENSEN, LARRY
STREET ADDRESS	420 JAMES AVENUE	6.3 STREET ADDRESS	13590 S.E. 119th PLACE ROAD
CITY-ST-ZIP	AUBURNDALE FL	6.4 CITY-ST-ZIP	OCKLAUWAHA, FL 32179

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 if changed, or on an attachment with an address.

SIGNATURE: *Dan T. Moore* **DAN T. MOORE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 (407) 298-5615
Daytime Phone #

CR2E037 (12/95)