

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50425 (0)  
1. Corporation Name  
FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED



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

3. Date Incorporated or Qualified  
08/13/1992

4. FEI Number 59-3135704  
Applied For Not Applicable

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  
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 James E. Wilson with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James E. Wilson  
Signature, typed or printed name of registered agent and fee is acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFEN, SONNY	
STREET ADDRESS	1520 OLD EAGLE LAKE ROAD	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, TILLMAN	
STREET ADDRESS	2505 KINGSLAND AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CDP	<input checked="" type="checkbox"/> DELETE
NAME	DDUSKA, DENNIS	
STREET ADDRESS	5980 S HWY 314A	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRUBBS, EMORY	
STREET ADDRESS	RT 1 BOX 372	
CITY-ST-ZIP	PALATKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOORE, DAN	
STREET ADDRESS	6202 RANIER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAJOR, STEVE	
STREET ADDRESS	3112 N. JULIA CIRCLE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRIFIN, SONNY
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAJOR, MACK
3.3 STREET ADDRESS	516 S. WANNAN CIRCLE
3.4 CITY-ST-ZIP	TAMPA, FL 33606
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)(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.

SIGNATURE: Dan Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98

(407) 298-5615

CR2E037 (10/97)