

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 # N93000003561 (8)

1. Corporation Name
NEW HARMONY SPORTSMAN'S CLUB, INC.



Principal Place of Business	Mailing Address
ROUTES 5 BOX 285 DEFUNIAK SPRINGS FL 32433 US	ROUTES 5 BOX 285 DEFUNIAK SPRINGS FL 32433 US

3. Date Incorporated or Qualified 08/06/1993	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address
21 4138 Painter Br Rd	26 4138 Painter Br Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

4. FEI Number 59-2842470	Applied For Not Applicable
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23 City & State Crestview, FL	28 City & State Crestview, FL
24 Zip 32539	29 Zip 32539
25 Country USA	30 Country USA

5. Certificate of Status Desired <input checked="" 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

**HALL, JAMES C
ROUTE 2, BOX 1072
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

81 Name James C. Hall
82 Street Address (P.O. Box Number is Not Acceptable) 8831 US Hiway 331 N.
83
84 City Defuniak Springs, FL
85 Zip 32433

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	D	<input type="checkbox"/> DELETE
NAME	HALL, JAMES C	
STREET ADDRESS	ROUTE 2, BOX 1072	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEEKLEY, JERRY	
STREET ADDRESS	ROUTE 1, BOX 127	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORN, EDWIN	
STREET ADDRESS	ROUTE 5, BOX 285	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBBS, CLARENCE	
STREET ADDRESS	ROUTE 5 BOX 345	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, RANDY	
STREET ADDRESS	ROUTES 5 BOX 323	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, WESLEY	
STREET ADDRESS	ROUTE 2 BOX 56	
CITY-ST-ZIP	LAUREL HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALL, JAMES C.	
1.3 STREET ADDRESS	8831 US HIWAY 331 N.	
1.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
2.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEEKLEY, JERRY S.	
2.3 STREET ADDRESS	4138 PAINTER BRANCH ROAD	
2.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MULCAHY, JERRY	
3.3 STREET ADDRESS	6301 LAKE ELLA ROAD	
3.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOBBS, CLARENCE	
4.3 STREET ADDRESS	891 NEW HARMONY LOOP	
4.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HALL, RANDY	
5.3 STREET ADDRESS	202 HALL HUNT CIRCLE	
5.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REED, WESLEY	
6.3 STREET ADDRESS	7460 STEEL MILL CREEK ROAD	
6.4 CITY-ST-ZIP	LAUREL HILL, FL 32567	

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: Jerry Weekley - Jerry Weekley 4-8-96 (904) 682-5847

CR2E037 (12/95)