


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90134 013 ****70.00

0078759

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000003561

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

Principal Place of Business 4138 PAINTER BR RD CRESTVIEW FL 32539 US	Mailing Address 4138 PAINTER BR RD CRESTVIEW FL 32539 US
---	---



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/06/1993
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2842470
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

9. Name and Address of Current Registered Agent

HALL, RANDY
 202 HALL HUNT CIR
 DEFUNIAK SPRGS FL 32433

10. Name and Address of New Registered Agent

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

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 Randy C. Hall Randy C. Hall DATE 3-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONELL FICKLIN	1.2 NAME	James Hall
STREET ADDRESS	1006 ST HWY 85	1.3 STREET ADDRESS	8831 U.S. Hwy 331 N. Defuniak Springs Fl
CITY-ST-ZIP	LAUREL HILL FL 32567	1.4 CITY-ST-ZIP	Defuniak Springs, Fl, 32433
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKLEY, JERRY	2.2 NAME	Thomas Hunt
STREET ADDRESS	4138 PAINTER BRANCH RD	2.3 STREET ADDRESS	1220 Fox Hill Road
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	Defuniak Springs Fl, 32433
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN CUMBIE	3.2 NAME	Wilbur Hunt
STREET ADDRESS	ANDY NOLING RD	3.3 STREET ADDRESS	2030 New Harmony Loop
CITY-ST-ZIP	DEFUNIAK SPRGS FL 32433	3.4 CITY-ST-ZIP	Defuniak Springs Fl, 32433
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, CLARENCE	4.2 NAME	Shane Campbell
STREET ADDRESS	891 NEW HARMONY LP	4.3 STREET ADDRESS	3982 Chicago Ave.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	Laurel Hill, Fl 32567
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, RANDY	5.2 NAME	William Keen
STREET ADDRESS	202 HALL HUNT CIR	5.3 STREET ADDRESS	103 Tyner Drive
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	Crestview Fl 32539
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, WESLEY	6.2 NAME	James Reeves
STREET ADDRESS	7460 STEEL MILL CREEK RD	6.3 STREET ADDRESS	8133 Eight St
CITY-ST-ZIP	LAUREL HILL FL	6.4 CITY-ST-ZIP	LAUREL Hill Fl, 32567

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: Jerry S. Weekley Jerry S. Weekley DATE 3-9-99 DAYTIME PHONE # (850) 833-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)