


FILE NOW: FILING FEE IS \$61.25

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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90015 015 ****70.00

| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|--|--|
| DOCUMENT # N93000004086 | | | | | |
| 1. Corporation Name THE SAND LANDING HUNTING CLUB, INC. | | | | | |
| Principal Place of Business 4535 AMBLEWOOD CT. PACE, FL. 32571 US | | | Mailing Address P.O. BOX 1022 PENSACOLA, FL. 32595-1022 US | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 3. Date Incorporated or Qualified 09/09/1993 4. FEI Number 59-3200437 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 | |
| 9. Name and Address of Current Registered Agent HARRISON, GARY 4535 AMBLEWOOD CT. PACE, FL. 32571 US | | | 10. Name and Address of New Registered Agent 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD <input checked="" type="checkbox"/> DELETE NAME MASON, SCOTT STREET ADDRESS 3720 PINE FOREST ROAD CITY-ST-ZIP CANTONMENT, FL. 32533 | | | 1.1 TITLE PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME STOVER, HARRY 1.3 STREET ADDRESS 3387 WILD TURKEY RD. 1.4 CITY-ST-ZIP CANTONMENT, FL. 32533 | | |
| TITLE VD <input checked="" type="checkbox"/> DELETE NAME STOVER, HARRY STREET ADDRESS 3387 WILD TURKEY RD. CITY-ST-ZIP CANTONMENT, FL. 32533 | | | 2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MASON, SCOTT 2.3 STREET ADDRESS 3720 PINE FOREST ROAD 2.4 CITY-ST-ZIP CANTONMENT, FL. 32533 | | |
| TITLE STD <input type="checkbox"/> DELETE NAME HARRISON, GARY STREET ADDRESS 4535 AMBLEWOOD COURT CITY-ST-ZIP PACE, FL. 32571 | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Gary Harrison Gary Harrison (Sec-Tres) 05/27/99 (850)994-4807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)