

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 # N93000004914 (8)

1. Corporation Name

THREE POINT HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

3811 MARTIN ST
PACE FL 32571

3811 MARTIN ST
PACE FL 32571

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3212530

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWERS, JAMES A
3811 MARTIN ST
PACE FL 32571

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

James A. Flowers

JAMES A. FLOWERS

1-24-96

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 PD ☒ DELETE
NAME BOOTH, BILLY
STREET ADDRESS 3585 APPLEWOOD LANE
CITY-ST-ZIP CANTONMENT FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME JIM HUIE
13 STREET ADDRESS 3027 CHIPPEWA LANE
14 CITY-ST-ZIP PACE, FL 32571

TITLE VD ☒ DELETE
NAME HUIE, JIM
STREET ADDRESS 3027 CHIPPEWA LANE
CITY-ST-ZIP PACE FL

21 TITLE VD ☒ Change ☐ Addition
22 NAME DONALD COOLEY
23 STREET ADDRESS 7412 EARL COOLEY ROAD
24 CITY-ST-ZIP MILTON, FL 32570

TITLE STD ☒ DELETE
NAME COOLEY, DONALD
STREET ADDRESS 7412 EARL COOLEY ROAD
CITY-ST-ZIP MILTON FL

31 TITLE STD ☒ Change ☐ Addition
32 NAME GREG HOLLAND
33 STREET ADDRESS 2700 NANDORA AVENUE
34 CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

James A. Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. FLOWERS

1-24-96

(904) 994-5021

Date

Daytime Phone #

CR2E037 (12/95)