

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005068

1. Corporation Name

NICHOLS CREEK HUNTING CLUB, INC.

Principal Place of Business

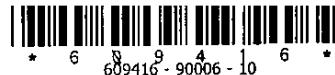
128 STAR DUST TRAIL
MILTON FL 32583

Mailing Address

128 STAR DUST TRAIL
MILTON FL 32583

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90006 010 ***245.00



2. Principal Place of Business

21 10162 Somerset Lane
MILTON FL 32583

2a. Mailing Address

26 10162 Somerset Lane
MILTON, FL 32583

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

59-3218128

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MALBECK, WAYNE A
128 STAR DUST TRAIL
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name

FRANCIENNE SOMERSET

82 Street Address (P.O. Box Number is Not Acceptable)

10162 Somerset Lane

83

84 City

MILTON

FL

85 Zip Code

32583

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

X *Francienne Somerset*
Signature, typed or printed name of registered agent and title if applicable.

FRANCIENNE SOMERSET/President 8/20/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAIBECK, WAYNE A.
STREET ADDRESS 128 STARDUST TRAIL
CITY-ST-ZIP MILTON FL
☒ DELETE

TITLE VD
NAME SOMERSET, H.D.
STREET ADDRESS RT. 4 BOX 143-F N/A
CITY-ST-ZIP MILTON FL
☒ DELETE

TITLE ST
NAME MALBECK, BARBARA L
STREET ADDRESS 128 STARDUST TRAIL
CITY-ST-ZIP MILTON FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME FRANCIENNE SOMERSET
1.3 STREET ADDRESS 10162 Somerset Lane
1.4 CITY-ST-ZIP MILTON, FL 32583

2.1 TITLE Vice President ☐ Change ☐ Addition
2.2 NAME IRENE ETHEMIDGE
2.3 STREET ADDRESS 5063 Pauline Street
2.4 CITY-ST-ZIP MILTON, FL 32583

3.1 TITLE Secretary-Treasurer ☒ Change ☐ Addition
3.2 NAME Cynthia J. GEORGIADIS
3.3 STREET ADDRESS 9762 South Trace Road
3.4 CITY-ST-ZIP MILTON, Florida 32583

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Francienne Somerset*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/99 (850) 434-1395
Date Daytime Phone #

CR2E037 (5/99)