

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

T.S

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:02

DOCUMENT # N94000000966 (1)

1. Corporation Name

THE OAKRIDGE HUNTING CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001490565
-05/17/95--01044--002
DO NOT WRITE IN THESE SPACES

Principal Place of Business

Mailing Address

P.O. BOX 4590
PENSACOLA FL 32507

P.O. BOX 4590
PENSACOLA FL 32507

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2000 CAIRO ST.

26 2000 CAIRO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola, FL 32507

28 Pensacola, FL

Zip

Country

Zip

Country

24 32507

25 ESCAMBIA

29 32507

30 ESCAMBIA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

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

ANDERSON, ALLEN
5905 KENDALL AVENUE
PENSACOLA FL 32506

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
ANDERSON, ALLEN
5905 KENDALL AVENUE
PENSACOLA FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
HOFFMAN, IVAN
8201 MEIR HENRY ROAD
PENSACOLA FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
INGRAHAM, JERRY
1026 TRENTON DRIVE
PENSACOLA FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HALL, RAY
2000 W CAIRO STREET
PENSACOLA FL 32507

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
INGRAHAM, DAVID
1026 TRENTON DRIVE
PENSACOLA FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RACKARD, JOE
6630 WONDERLAKE ROAD
PENSACOLA FL 32526

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

JACOBS, BRUCE
1155 BRIDGE CREEK DR.
PENSACOLA, FL 32506

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

D
Reed, James
177 SEMINOLE TR.
PENSACOLA, FL 32506

☒ Change ☐ Addition

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 110.07(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 R. Ingraham

Jerry R. Ingraham Sec. Tre.

4-27-95

904 469 0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone)