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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000004423

1. Corporation Name

ODOM POND HUNTING CLUB, INCORPORATED

Principal Place of Business

RT 1 BOX 42-D-3
FREEPORT FL 32455

Mailing Address

RT 1 BOX 42-D-3
FREEPORT FL 32455



2. Principal Place of Business

21 127 John H. Cassidy Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 127 John H. Cassidy Rd
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 BRUCE, FLA.
Zip Country

City & State

28 BRUCE, FLA.
Zip Country

24 32455

25 WALTON

29 32455

30 WALTON

9. Name and Address of Current Registered Agent

MORRISON, TILTON
RT 1 BOX 42-D-3
FREEPORT FL 32455

10. Name and Address of New Registered Agent

81 Name

LARRY O. MORRISON

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

127 John H. Cassidy Rd

83

84 City

BRUCE

FL

85 Zip Code
32455

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 LARRY O. MORRISON Director
Signature, typed or printed name of registered agent and title if applicable.

Larry O. Morrison
(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CLARCK, JOE**
STREET ADDRESS **126 REDDICK LOOP**
CITY-ST-ZIP **FREEPORT FL**

TITLE ☐ DELETE
NAME **D SUGGS, DAVID**
STREET ADDRESS **14207 SAND PINE LANE**
CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE ☐ DELETE
NAME **D MORRISON, TILTON**
STREET ADDRESS **60 RAINBOW LANE**
CITY-ST-ZIP **FREEPORT FL 32455**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Larry O. Morrison LARRY O. MORRISON 4-29-99 (850) 835-4898
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)

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