

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004840 (4)**

1. Corporation Name

**CLEAR CREEK HUNTING CLUB, INC.**

Principal Place of Business

Mailing Address

PO BOX 205  
PACE FL 32572

PO BOX 205  
PACE FL 32572-0205



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/27/1994</b>	3a. Date of Last Report <b>04/04/1996</b>
21 <b>3618 NORTH STEWART ST</b>	26 <b>3618 NORTH STEWART ST</b>	4. FEI Number <b>59-3275246</b>		Applied For Not Applicable	
22 <b>APT 1 B PO Box 205</b>	27 <b>APT 1 B PO Box 205</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>MILKON, FLA</b>	28 <b>MILKON, FLA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>32572</b>	25 <b>Santa Rosa</b>	29 <b>32572</b>		30 <b>Santa Rosa</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**COTTON, RONALD G**  
**6556 B HWY 82 N**  
**MILTON FL 32570**

81 Name **Ronald G. Cotton**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3618 NORTH STEWART ST**  
83 **APT 1 B PO Box 205**  
84 City **MILKON FLA** FL 85 Zip Code **32572**

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

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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COTTON, RONALD G</b>	1.2 NAME	
STREET ADDRESS	<b>3056 APACHE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL 32571</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, ALLEN</b>	2.2 NAME	
STREET ADDRESS	<b>3464 PAWNWOOD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL 32571</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONZON, CHRIS</b>	3.2 NAME	
STREET ADDRESS	<b>3465 PAWNWOOD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL 32571</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

**R. SIGNATURE**

CR2E037 (9/96)