

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005890 (8)

1. Corporation Name

CROSS CREEK AIRBOAT CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 820
HAWTHORNE FL 32640-0820

P.O. BOX 820
HAWTHORNE FL 32640-0820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

4. FEI Number

Applied For

☒ 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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSELY, LELAND C JR.
1642 NE 180TH STREET
CITRA FL 32667

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jerry C. Music
STREET ADDRESS	1717 SE 219A
CITY - ST - ZIP	Hawthorne, FL 32640
TITLE	Vice President
NAME	Leland C. Mosely, Jr.
STREET ADDRESS	1642 NE 180th St.
CITY - ST - ZIP	Citra, FL 32667
TITLE	Secretary/Treasurer
NAME	Lida Buckland
STREET ADDRESS	1717 SE 219A
CITY - ST - ZIP	Hawthorne, FL 32640
TITLE	Board of Director
NAME	Terry Nash
STREET ADDRESS	Rt 3, Box 143A
CITY - ST - ZIP	Hawthorne, FL 32640
TITLE	Board of Directors
NAME	David Sloan
STREET ADDRESS	Rt 3 Box 274
CITY - ST - ZIP	Hawthorne, FL 32640
TITLE	Board of Director
NAME	Chuck Annaka
STREET ADDRESS	Rt 3, Box 109AA
CITY - ST - ZIP	Hawthorne, FL 32640

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 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 addition.

SIGNATURE:

Jerry C. Music
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerry C. Music, President

4-16-95

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