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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001495 (9)

1. Corporation Name

BEAR BAY HUNTING CLUB, INC.



Principal Place of Business

2480 SANDRIDGE RD  
GREEN COVE SPRINGS FL 32043

Mailing Address

2480 SANDRIDGE RD  
GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

EIN-59-3338842

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fee

24

25

Country

29

30

Zip

Country

32043

CLAY

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

WEEKS, JAMES R  
2480 SANDRIDGE RD  
GREEN COVE SPRINGS FL 32043

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 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

James R. Weeks

JAMES R. WEEKS

3-8-96

Signature typed or printed name of registered agent and board of directors

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEEKS, JAMES R  
STREET ADDRESS 2480 SANDRIDGE RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ DELETE

TITLE VD  
NAME HICKEY, EUGENE  
STREET ADDRESS 530 DOVE ST  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ DELETE

TITLE VD  
NAME WILLIAMS, JOHN R  
STREET ADDRESS 6066 MAGELLAN RD  
CITY-ST-ZIP JACKSONVILLE FL 32222 ☐ DELETE

TITLE SD  
NAME RHODEN, MICHAEL  
STREET ADDRESS 4442 WEEKS RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ DELETE

TITLE TD  
NAME PADGETT, RANDOLPH  
STREET ADDRESS 4442 WEEKS RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

400001758354

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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 or changed, or on an attachment with an address.

SIGNATURE:

Randolph Padgett

Randolph Padgett

- Treasurer Director 3-8-96

904-964-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)