FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001495 (9)

BEAR BAY HUNTING CLUB, INC.

Principal Place	e of Business	Mai	Mailing Address 2480 SANDRIDGE RD GREEN COVE SPRINGS FL 32043-8602					i efficiet fra suide fiete afert &	1111 25 111 34 111		19197 8111 7881
2480 SANDRIDA GREEN COVE	ge RD Springs FL 32043										
								3. Date Incorporated or Qualifie 03/29/1995	d 3a.	Date of Last R 03/26/19	eport 96
2. Principal P	lace of Business	28.	2a. Mailing Address					4. FEI Number		Ap	optied For
21		26						59-3338842			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	C)		City & State					6. Election Campaign Financing)	\$5.00	May Be
23	······	28						Trust Fund Contribution		Added	
Z _i p	Country	├ ─¬	Zip Co					8. This corporation has liability			. 199.032,
24	25 25 9. Name and Address of Curre				30			Florida Statutes	Yes	No	
	9. Name and Address of Curr	aur wadisi	areo Agent		81	Name		10. Name and Address of New	недівтеге	o Agent	
MEERO	IAMEO D				82						
WEEKS, JAMES R 2480 SANDRIDGE RD						Street	Addre	ess (P.O. Box Number is Not Acceptable)			
GREEN	COVE SPRINGS FL 32043				83						
					84	City			F	85 Zip (Code
11. Pursuant	to the provisions of Sections 617.05 egistered agent, or both, in the Sta	02 and 61	7.1508, Florida Statut	es, the a	bove	-name	corpo	ration submits this statement for th	e purpose	of changing it	s registered
agent. I a	m familiar with, and accept the obli	igations of,	Section 617.0503, Fk	orida Stal	tutes	100 00	poradic	or a board or directors. I hereby ac	cebi me at	opointment as	registerea
SIGNATURE	- Alimes R. W	eeks		R. W				ident	2.1	1.97	
	Signatury typed or printed name of registered a		applicable. (NOT		d Age	nt signatu	re require:	d when reinstating)	DATE		
12.	OFFICERS A	ND DIREC	DELETE	13.	T) F			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE NAME	WEEKS, JAMES R		La bitteri		1.1 TITLE 1.2 NAME					☐ Change	Addition
STREET ADDRESS	2480 SANDRIDGE RD			4		4 D000000					
	GREEN COVE SPRINGS FL	22042		•		ADDRESS					
CITY - ST - ZIP	VD	32013	DELETE	2.1 Ti	TY-SI	1 - ZIP				Change	Addition
NAME	HICKEY, EUGENE				2.2 NAME					firs Ottoring	Addition
STREET ADDRESS	530 DOVE ST					address					
CITY-SI-ZIP	KEYSTONE HEIGHTS FL 32	2656				T-ZIP					
TITLE	VD		DELETE	3.1 TI		I-ZIF				Change	Addition
NAME	WILLIAMS, JOHN R			3.2 N/			1	-	e.	from Actorisão	
STREET ADDRESS	6066 MAGELLAN RD					ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL 32222			l l		T-ZIP					
TITLE	SD		DELETE	4.1 TI			 			☐ Change	Addition
NAME	RHODEN, MICHAEL			4. 2 N	IAME					-	
STREET ADDRESS	4442 WEEKS RD			4.3 S1	rreet.	ADDRESS					
CITY - S1 - ZIP	GREEN COVE SPRINGS FL	32043			TY-SI						
TITLE	10		DELETE	5.1 Ti			†	, , , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME	PADGETT, RANDOLPH		5.2 N	5.2 NAME		1					
STREET ADDRESS	4442 WEEKS RD			5.3 \$1	REET.	ADDRESS	1 .	• •			
CITY-ST-ZIP	GREEN COVE SPRINGS FL	32043		5.4 CI	TY-S1	T-ZIP	:				
TITLE			DELETE	6.1 71	TLE		1		H - 1	Change	☐ Addition
NAME				6.2 N/	AME						
STREET ADDRESS				6.3 \$1	REET.	ADDRESS					

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 phanged, or on an attrachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

1 Taget - Randolph Ragett - Tresser - 2-21.9>

904-529-9652

FILED

Feb 28 1997 8:00am

Secretary of State

j jej jej