FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000001495 (9)

FILED Jan 20 1998 8:00am Secretary of State

BEAR	BAY HUNTING CLUB, INC.			l pildritte den parat ürele dare darit dürer maker dölük finte mekra süsük dere ekser
		2488 SANDEIL Mailing Address	VE DI CIC	
Principal Plac	e of Business	Mailing Address	or range.	·
1		GREEN COVE SPRINGS FL	L 32043	3. Date Incorporated or Qualified
				03/29/1995 4. FEI Number Applied For
1				59-3338842 Not Applicable
2. Principal Place of Business 2a. Mailing Address			CO 75 Additional	
21		26		5. Certificate of Status Desired
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & State		City & State		Trust Fund Contribution Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	JAMES R. WEEKS
WEEKS, JAMES R			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
2480 SANDRIDGE RD			83 29	BO SANDRIDGE KA.
GHEEN	COVE SPRINGS FL 32043		~ COK	REEN COVESPRINGS. FLA. 32043
			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 bereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE	JAMES R. WEEL		James	R. Weeks 1-5-98
	Signature, typed or printed name of registered ag	ant and little if applicable. (NOT)	E: Registered Agent signature requir	
12.	PD OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	WEEKS, JAMES R		1.2 NAME	
STREET ADDRESS	2480 SANDRIDGE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3	32043	1.4 CITY-ST-ZIP	
TITLE	VD	DELETE	2,1 TITLE	Change Addition
NAME	HICKEY, EUGENE		2,2 NAME	
STREET ADDRESS	530 DOVE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 326	56 DELETE	2. 4 CITY-ST-ZIP	OL-10 ALBERT
TITLE NAME	VD WILLIAMS, JOHN R	☐ nertit	3.1 TITLE 3.2 NAME	Change L_ Addition
STREET ADDRESS	6066 MAGELLAN RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32222		3.4. CITY-ST-ZIP	
TITLE	SD	DELETE	4.1 TITLE	Change Addition
NAME	RHODEN, MICHAEL		4. 2 NAME	
STREET ADDRESS	4442 WEEKS RD		4,3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3		4.4 CITY-ST-ZIP	
TITLE	TD DANGOLDU	☐ DELETE	5.1 TITLE	Change Addition
NAME	PADGETT, RANDOLPH		\$.2 NAME	
STREET ADDRESS	4442 WEEKS RD GREEN COVE SPRINGS FL 3	2042	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN GOVE SPRINGS PL S	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
		FT perdig	6.1 IIILE 6.2 NAME	C overfie C Monitors
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
SINCEL AUDINESS			0.3 STREET ADDRESS	

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.

269-6328