


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000002925 (4)**

1. Corporation Name

TREE CAPITAL COON HUNTERS CLUB, INC.

Principal Place of Business

Mailing Address

**3291 US 19 S
PERRY FL 32347**

**RT 2 BOX 53B
PERRY FL 32347
US**



3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

59-3334341

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26 RT 1 BOX 1443**

22 City & State **27 PERRY FL**

23 Zip **28 32347** **29 Country** **30 TAYLOR**

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWAIN, ROBERT R
3291 US 19 S
PERRY FL 32347**

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

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 **P** ☒ DELETE
NAME **WILLIAMS, DANNY**
STREET ADDRESS **RT 2 BOX 53-B**
CITY-ST-ZIP **PERRY FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **JIM BRANNEN**
1.3 STREET ADDRESS **PIKE BLUFF RD**
1.4 CITY-ST-ZIP **PERRY FL 32347**

TITLE **VP** ☒ DELETE
NAME **SHEFFIELD, BRAD**
STREET ADDRESS **RT 1 BOX 561**
CITY-ST-ZIP **PERRY FL**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **ROBERT SWAIN**
2.3 STREET ADDRESS **3363 US 19 S**
2.4 CITY-ST-ZIP **PERRY FL 32347**

TITLE **ST** ☒ DELETE
NAME **WILLIAMS, DEBBIE**
STREET ADDRESS **RT 2 BOX 53B**
CITY-ST-ZIP **PERRY FL**

3.1 TITLE **ST** ☐ Change ☒ Addition
3.2 NAME **MARK KIRK**
3.3 STREET ADDRESS **RT BOX 1443**
3.4 CITY-ST-ZIP **PERRY FL**

TITLE **D** ☒ DELETE
NAME **SWAIN, ROBERT**
STREET ADDRESS **3863 US 19 S**
CITY-ST-ZIP **PERRY FL**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **FLYNN WELCH**
4.3 STREET ADDRESS **PO. BOX**
4.4 CITY-ST-ZIP **SHADY GROVE 32348**

TITLE **D** ☒ DELETE
NAME **KINSEY, JAY**
STREET ADDRESS **HWY 98**
CITY-ST-ZIP **PERRY FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **JAY KINSEY**
5.3 STREET ADDRESS **HWY 98**
5.4 CITY-ST-ZIP **PERRY FL 32347**

TITLE **D** ☒ DELETE
NAME **CAUSEY, JOHN**
STREET ADDRESS **104 POPPELL DR**
CITY-ST-ZIP **PERRY FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **JOHN CAUSEY**
6.3 STREET ADDRESS **104 POPPELL DR.**
6.4 CITY-ST-ZIP **PERRY FL**

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.

SIGNATURE:

MARK P. KIRK

4/30/98

850-838-1262

CR2E037 (10/97)