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

DOCUMENT # N9500004510 (2)

FILED Mar 09 1998 8:00am Secretary of State

1. Corporation Name					
FORTNER HUNTING CLUB, INC.					(IEE/IEE) BLE IEIE BUIL BEIN BEIN BEIN BEIN BEIN BEIN BEIN BEIN
Principal Plac	ce of Business	Mailing Address			
6469 DANIEL GRIFFIS ROAD 6469 DANIEL GRIFFIS ROAD					
JAY FL 32565 JAY FL 32565					3. Date Incorporated or Qualified
					09/19/1995 4. FEI Number Applied For
					59-3345146 Not Applicab
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired S8.75 Additional
25 Suite, Apt. #, etc. Suite, Apt. #, etc.			·		Fee Required
22	· #, G (C.	27 Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & State					7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes 🌠 No
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29	30		Personal Property Tax due June 30. Yes No
	B. Maine and Address of Corre	int negistered Agent	81	Name	10. Name and Address of New Registered Agent
CARDE	N MAILADO				
CARDEN, MILLARD 6469 DANIEL GRIFFIS ROAD			82	Street	eet Address (P.O. Box Number is Not Acceptable)
JAY FL 32565			83		
			84	City	, lee 7 7 Code
				,	FL T T T T T T T T T
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 617.1508, Florida S tatut e of Florida. Such change was a	es, the above	e-named v the cor	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	ım familiar with, and accept the oblig	gations of, Section 617.0503, Flo	orida Statute	S.	
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOT	E: Registered Ag	eni signatura	alura required when reinstaing) DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	CARDEN, CHARLES		1.2 NAME		
STREET ADDRESS	6469 Daniel Griffis Road Jay fl 32565	,		T ADDRESS	\$\$
_CITY-ST-ZIP TITLE	D 0	DELETÉ	1.4 CHTY-1 2.1 TITLE	ST-ZIP	D
NAME	WOLFE, R L	ES PULLIE	2.2 NAME		
STREET ADDRESS	6469 DANIEL GRIFFIS ROAD)		T ADDRESS	
CITY-ST-ZIP	JAY FL 32565		2.4 CITY-	ST-ZIP	goy Tl.
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HULLETT, DAVID		3.2 NAME		
STREET ADDRESS	6469 DANIEL GRIFFIS RD		3.3 STREET		इं
CITY-ST-ZIP TITLE	JAY FL P	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME	CARDEN, MILLARD		4. 2 NAME		Change Addition
STREET ADDRESS	6469 DANIEL GRIFFIS ROAD	•	4.2 NESTREET		22
CITY-ST-ZIP	JAY FL 32585		4.4 CITY-5		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, TIM		5.2 NAME		
STREET ADORESS	6469 DANIEL GRIFFIS ROAD		5.3 STREET	ADDRESS	ıs
CITY-ST-ZIP	JAY FL 32565		5.4 CITY - S	T-ZIP	
TITLE	ST HAWGEV PATER	⋈ DELETE	6.1 TITLE		5 7 ☐ Change ☑ Addition
NAME OTDEET ADDRESS	HAWSEY, KATHY		6.2 NAME		Doyle Hunter 1:00
STREET ADDRESS			6.3 STREET		Doyle Hunter 6409 Daniel Kriffis RD.
CITY-ST-ZIP	JAY FL	ith this filing does not qualify to	6.4 CITY - S		etad in Section 110 07/3VI). Elevida Statutan I further partity that the information

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: MILLO CONSTITUTE

7-2-98 [80]67542