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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90035 030 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**1999**

**DOCUMENT # N95000004510**

1. Corporation Name

**FORTNER HUNTING CLUB, INC.**

Principal Place of Business

Mailing Address

**6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**

**6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/19/1995**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3345146**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARDEN, MILLARD  
6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**

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 ☐ DELETE  
NAME **D**  
STREET ADDRESS **CARDEN, CHARLES**  
CITY-ST-ZIP **6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ROY JERNIGAN**  
CITY-ST-ZIP **6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HULLETT, DAVID**  
CITY-ST-ZIP **6469 DANIEL GRIFFIS RD  
JAY FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **CARDEN, MILLARD**  
CITY-ST-ZIP **6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **ROBERTS, TIM**  
CITY-ST-ZIP **6469 DANIEL GRIFFIS ROAD  
JAY FL 32565**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **DOYLE HUNTER**  
CITY-ST-ZIP **6469 DANIEL GRIFFIS RD  
JAY FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Millard Carden* **SIGNATURE REQUIRED**

**3-22-99**

**(850) 675-4356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98