

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N95000004965  
1. Corporation Name **ROCKY BRANCH HUNTING CLUB INC.**  
**ROCKY BRANCH HUNTING CLUB INC.**

Principal Place of Business Mailing Address  
**4171 ROCKY BRANCH ROAD  
CANTONMENT, FLORIDA 32533**

3. Date Incorporated or Qualified **10 -18- 1995** 3a. Date of Last Report  
4. FEI Number Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**FRED T. JOHNSON  
4171 ROCKY BRANCH ROAD  
CANTONMENT, FL. 32533**  
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 **FRED T. JOHNSON "PRESIDENT"** DATE **4 - 9 -96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <i>P.</i> <input type="checkbox"/> DELETE
NAME	<b>FRED T. JOHNSON</b>
STREET ADDRESS	<b>4171 ROCKY BRANCH ROAD</b>
CITY - ST - ZIP	<b>CANTONMENT, FL 32533</b>
TITLE	<b>VICE PRESIDENT</b> <i>V.P.</i> <input type="checkbox"/> DELETE
NAME	<b>DAVID FOSTER</b>
STREET ADDRESS	<b>4001 ROCKY BRANCH ROAD</b>
CITY - ST - ZIP	<b>CANTONMENT, FL. 32533</b>
TITLE	<b>SECT/ TRES.</b> <i>S/T</i> <input type="checkbox"/> DELETE
NAME	<b>FAYE JOHNSON</b>
STREET ADDRESS	<b>4171 ROCKY BRANCH ROAD,</b>
CITY - ST - ZIP	<b>CANTONMENT, FL. 32533</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>500001832205</b>
4.4 CITY - ST - ZIP	<b>-05/21/96--0000--0001</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***70.00</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Fred T. Johnson* **FRED T. JOHNSON** DATE: **4-9-96** DAYTIME PHONE: **(904) 587-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

*5-26-96 JR*