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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004965 (8)
 1. Corporation Name
ROCKY BRANCH HUNTING CLUB INC.



Principal Place of Business 4171 ROCKY BRANCH ROAD CANTONMENT FL 32533	Mailing Address 4171 ROCKY BRANCH ROAD CANTONMENT FL 32533
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3. Date incorporated or Qualified 10/18/1995	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JOHNSON, FRED T 4171 ROCKY BRANCH ROAD CANTONMENT FL 32533	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 PD	NAME JOHNSON, FRED T	1.1 TITLE D.	1.2 NAME THOMPSON, J.W.
STREET ADDRESS 4171 ROCKY BRANCH ROAD	CITY-ST-ZIP CANTONMENT FL	1.3 STREET ADDRESS 3650 ROCKY BRANCH ROAD	1.4 CITY-ST-ZIP CANTONMENT, FL. 32533
TITLE VD	NAME FOSTER, DAVID	2.1 TITLE D.	2.2 NAME HENNINGTON, MARK
STREET ADDRESS 4001 ROCKY BRANCH ROAD	CITY-ST-ZIP CANTONMENT FL	2.3 STREET ADDRESS 145 SAN CARLOS ROAD	2.4 CITY-ST-ZIP CANTONMENT, FL. 32533
TITLE STD	NAME JOHNSON, FAYE	3.1 TITLE D.	3.2 NAME JOHNSON, JACKIE
STREET ADDRESS 4171 ROCKY BRANCH ROAD	CITY-ST-ZIP CANTONMENT FL	3.3 STREET ADDRESS 3157 FRANK ARD ROAD	3.4 CITY-ST-ZIP CANTONMENT, FL. 32533
TITLE 	NAME 	4.1 TITLE D.	4.2 NAME FULLER, DAVID
STREET ADDRESS 	CITY-ST-ZIP 	4.3 STREET ADDRESS 6060 VILLENEUVE, LANE	4.4 CITY-ST-ZIP PENSACOLA, FL. 32526
TITLE 	NAME 	5.1 TITLE D.	5.2 NAME FOSTER, PETE
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 1210 WEST KINGSFIELD, ROAD	5.4 CITY-ST-ZIP CANTONMENT, FL. 32533
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	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.

SIGNATURE: *Fred T. Johnson* (Fred T. Johnson) 1/2/98 (850-589-5100)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075664

CR2E037 (10/97)