

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90056 034 \*\*\*\*70.00

0078574

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000004965

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRED T		1.2 NAME	
STREET ADDRESS	4171 ROCKY BRANCH ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DAVID		2.2 NAME	
STREET ADDRESS	4001 ROCKY BRANCH ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL		2.4 CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FAYE		3.2 NAME	
STREET ADDRESS	4171 ROCKY BRANCH ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, J. W.		4.2 NAME	
STREET ADDRESS	3650 ROCKY BRANCH RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNINGTON, MARK		5.2 NAME	
STREET ADDRESS	145 SAN CARLOS RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533		5.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JACKIE		6.2 NAME	
STREET ADDRESS	3157 FRANK ARD RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533		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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)