FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

Zip

OGLE, JERRY

#12 HEWETT POINT ROAD SANTA ROSA BEACH FL 32459



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORP DIATIONS

1996

DOCUMENT # N9600000039 (5)

GREEN ACRES HUNT CLUB INC.

Mailing Address Principal Place of Business 12 HEWETT POINT ROAD P.O. BOX 1181 SANTA ROSA BEACH FL 32459 DESTIN FL 32540 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1995 2a. Mailing Address 2. Principal Place of Business 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State \$5.00 May Be 6. Election Campaign Financing Crty & State Γ Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country ZID

Florida Statutes 30 29 25 24 9. Name and Address of Current Registered Agent

i	10. Name and Address of New Registered Agent						
61	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
64	Crty 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 foligations of, Section 617.0502, Florida Statutes.

tamiliar wi	in, and accept the doligations of, occinony they are			4-2-96	
SIGNATURE	Signature, typed or printed name of registered agent another if applicable. [NOTE:	Registered Agent signature re	equired when reinstalling)	DATE	
	OFFICERS AND DIRECTORS	13. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12			IS IN 12
12.	PS DELETE	1 1 TITLE	PS Director	Change	Addition
TITLE D		1.2 NAME	, ,		
NAME	*OGLE, JERRY	N. Control of the Con			
STREET ADDRESS	12 HEWETT POINT ROAD	1.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY - ST - ZIP		Change.	Addition .
TITLE D	VT □ DELETE	2 1 TITLE	VT Direct	Cr ☐ Change	(Elimanicon
NAME	OGLE, CLAIRE	2 2 NAME			
STREET ADDRESS	12 HEWETT POINT ROAD	2 3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	2 4 CITY-ST-ZIP		Change	Addition
TITLE D	DELETE	3 1 TITLE	Director	change	T HOURDIN
NAME	Jay Ogle	3.2 NAME			

12 Hewett Rout Rd 3.3 STREET ADDRESS STREET ADDRESS Souta Rosa Beach F1.32459 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME

5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 10000184725¶*** -06/03/96--01021--048 DELETE 6 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS ***61.25 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. However, 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 makes 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 makes certify 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 happears in Block 12 or Block 13 if chapted, of on an attachment with an address.

SIGNATURE:

TITLE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED O

3-11-96 904.243-715,

Addition

Applied For

Fee Required

Added to Fees

Yes No

Not Applicable