


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90188 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004288					
1. Corporation Name OTTER CREEK SPORTSMEN CLUB INC.					
Principal Place of Business 10 4TH AVENUE FORT WALTON BEACH FL 32547			Mailing Address 10 4TH AVENUE FORT WALTON BEACH FL 32547		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GODWIN, ROLAND 10 4TH AVENUE FORT WALTON BEACH FL 32547				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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							
TITLE	PD	<input type="checkbox"/> DELETE					
NAME	GODWIN, ROLAND						
STREET ADDRESS	10 4TH AVE N.E.						
CITY-ST-ZIP	FT. WALTON BEACH FL						
TITLE	VPD	<input checked="" type="checkbox"/> DELETE					
NAME	CROSBY, TERRY						
STREET ADDRESS	872 DONNA LANE						
CITY-ST-ZIP	DEFUNIAK SPRINGS FL						
TITLE	SD	<input type="checkbox"/> DELETE					
NAME	GODWIN, BILLY						
STREET ADDRESS	39 STEWART ST						
CITY-ST-ZIP	FT WALTON BEACH FL						
TITLE	TD	<input checked="" type="checkbox"/> DELETE					
NAME	SLATER, KENNY						
STREET ADDRESS	6 4TH AVE N.E.						
CITY-ST-ZIP	FT WALTON BEACH FL						
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	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME	Derrick Edge						
2.3 STREET ADDRESS	3360 Highway 4						
2.4 CITY-ST-ZIP	Baker FL 32531						
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME	Michael Taylor						
4.3 STREET ADDRESS	508 Sheffield Rd						
4.4 CITY-ST-ZIP	FT Walton Bch FL 32547						
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
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 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  
4-24-79 850-862-6850  
Date Daytime Phone #

CR2E037 (11/98)