

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90007 023 ****61.25

DOCUMENT # N97000004733

1. Corporation Name

ST. JOHN'S RIVER COON HUNTERS' ASSOCIATION, INC.

Principal Place of Business

PO BOX 2464
PALATKA FL 32178

Mailing Address

PO BOX 2464
PALATKA FL 32178

618578-90007-23 9



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/20/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
Country		Country		Applied For	
24		30		Not Applicable	
5. Certificate of Status Desired				5. Certificate of Status Desired	
<input type="checkbox"/>				<input type="checkbox"/>	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing				6. Election Campaign Financing	
<input type="checkbox"/>				<input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SQUIRES, BRUCE H
RT 4, BOX 673
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name **Abby L. Squires**
82 Street Address (P.O. Box Number is Not Acceptable) **186 Bardin Estates Cir.**
83
84 City **Palatka** FL 85 Zip Code **32177**

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 **Abby L. Squires** **ABBY L. SQUIRES** **9-14-99**
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	SQUIRES, BRUCE H	1.2 NAME	
STREET ADDRESS	RT 4, BOX 673	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLEMORE, EARL	2.2 NAME	
STREET ADDRESS	FT 3, BOX 2675	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, ABBY	3.2 NAME	
STREET ADDRESS	PO BOX 2464	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32178	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OLEN	4.2 NAME	
STREET ADDRESS	600 SHANNON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLEMAN, TOM	5.2 NAME	
STREET ADDRESS	RT 1 BOX 702	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL 32181	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGER, TOM	6.2 NAME	
STREET ADDRESS	RT 1, BOX 333-C	6.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL 32131	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 **Abby L. Squires** **ABBY L. SQUIRES** **9-14-99** **(904) 325-5460**
Signature and typed or printed name of signing officer or director Date Daytime Phone #