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FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morjham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005313 (8)

1. Corporation Name

PINE HILLS HUNTING CLUB INC.



Principal Place of Business

Mailing Address

C/O W.J. MURPHY
6361 WISTERIA DRIVE
MILTON FL 32570

C/O W.J. MURPHY
6361 WISTERIA DRIVE
MILTON FL 32570

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State SAME 27 City & State SAME
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, W J
6361 WISTERIA DRIVE
MILTON FL 32570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE W. J. MURPHY

(NOTE: Registered Agent signature required when reappointing)

5-13-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T PRESIDENT ☐ DELETE

NAME W. J. MURPHY
STREET ADDRESS 6361 WISTERIA DR.
CITY-ST-ZIP MILTON FL 32570

TITLE T VICE PRESIDENT ☐ DELETE

NAME Steve Hoopes
STREET ADDRESS 5249 EMERALD DR
CITY-ST-ZIP PACE FL 32571

TITLE T SEC/TRES. ☐ DELETE

NAME MARK FAULKNER
STREET ADDRESS 5425 WOODSMAN DR.
CITY-ST-ZIP PACE FL 32571

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: W. J. MURPHY

5-13-98 (852) 121-1011

CR2E037 (10/97)