


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90217 006 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000002152</b>			
<b>1. Corporation Name</b> <b>MILL CREEK SPORTSMANS CLUB INC.</b>			
<b>Principal Place of Business</b> 202 QUEEN STREET MILTON FL 32570		<b>Mailing Address</b> 202 QUEEN STREET MILTON FL 32570	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>3. Date Incorporated or Qualified</b> 04/13/1998		<b>4. FEI Number</b> 59-3508 385	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>9. Name and Address of Current Registered Agent</b> MCGUYRE, JAMES 7391 PINE BLOSSOM ROAD MILTON FL 32570		<b>10. Name and Address of New Registered Agent</b> 81 Name <u>Richard D. Marlow</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>7220 Chestnut Rd.</u> 83 <u>Molino</u> FL 85 Zip Code <u>32577</u>	
<b>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.</b> SIGNATURE <u>Richard D. Marlow</u> <u>Vice-President</u> <u>April 19, 1999</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <u>P</u> <input type="checkbox"/> DELETE NAME <u>DAVID MORAVEK</u> STREET ADDRESS <u>202 QUEEN ST</u> CITY-ST-ZIP <u>MILTON FL 32570</u>		1.1 TITLE <u>D</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <u>MATT ZEPF</u> 1.3 STREET ADDRESS <u>5780 WHITE OAK LAKE</u> 1.4 CITY-ST-ZIP <u>MILTON FL 32570</u>	
TITLE <u>V</u> <input type="checkbox"/> DELETE NAME <u>RICHARD D. MARLOW</u> STREET ADDRESS <u>7220 CHESTNUT RD.</u> CITY-ST-ZIP <u>MOLINO FL 32577</u>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <u>S</u> <input checked="" type="checkbox"/> DELETE NAME <u>JAMES MCGUYRE</u> STREET ADDRESS <u>7391 PINE BLOSSOM RD.</u> CITY-ST-ZIP <u>MILTON FL 32570</u>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <u>D</u> <input type="checkbox"/> DELETE NAME <u>CHRIS METZ</u> STREET ADDRESS <u>45 EL CAMINO DR</u> CITY-ST-ZIP <u>CANTONMENT FL 32533</u>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <u>S</u> <input type="checkbox"/> DELETE NAME <u>CHAD KAUNITZ</u> STREET ADDRESS <u>5207 AVENIDA DEL FUEGO</u> CITY-ST-ZIP <u>MIL FL 32571</u>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <u>D</u> <input type="checkbox"/> DELETE NAME <u>LARRY HARRISON</u> STREET ADDRESS <u>2327 CAMORS RD</u> CITY-ST-ZIP <u>STAY FL 32565</u>		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: David Moravek SIGNATURE REQUIRED DAVEK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 626-0189  
Date Daytime Phone #

CR2E037 (11/98)