

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90030 008 ****61.25

DOCUMENT # N98000003875

1. Corporation Name

BELL CREEK WILDLIFE CLUB, INC.

Principal Place of Business

10113 CHUMUCKLA SPRINGS ROAD
JAY FL 32565

Mailing Address

10113 CHUMUCKLA SPRINGS ROAD
JAY FL 32565



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

59-3572828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRISWOLD, MARTIN (MARTY)
10113 CHUMUCKLA SPRINGS ROAD
JAY FL 32565

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME **DP**
STREET ADDRESS **GRISWOLD, MARTIN (MARTY)**
CITY-ST-ZIP **10113 CHUMUCKLA SPRINGS ROAD**
JAY FL 32565

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **THRIFT, WILLIE**
CITY-ST-ZIP **9880 REBEL ROAD**
PENSACOLA FL 32526

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **GRISWOLD, LAVON**
CITY-ST-ZIP **2578 HWY 182**
JAY FL 32565

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **O'KELLEY, RICKY**
CITY-ST-ZIP **10111 CHUMUCKLA SPRINGS ROAD**
JAY FL 32565

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **HATFIELD, DOUG**
CITY-ST-ZIP **2311 HWY 182**
JAY FL 32565

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **COZART, DAVID**
CITY-ST-ZIP **2050 HWY 185**
JAY FL 32565

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Martin Griswold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 (850) 994-7661
Date Daytime Phone #

CR2E037 (11/98)