

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **759416** (1)  
1. Corporation Name  
**MACCLENNY HUNTING CLUB, INC.**



Principal Place of Business Mailing Address  
**149 N 4TH STREET MACCLENNY FL 32063**

3. Date Incorporated or Qualified **08/03/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **NOT APPLICABLE** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 24. Country 25. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**JOHNS, TOMMY  
149 N. 4TH STREET  
MACCLENNY FL 32063**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. **900001824349**  
**-05/16/96--01038--002**  
84. City **\*\*\*61.25** 85. Zip Code **FL**

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORBY, FLETCHER</b>	1.2 NAME	<b>BENNETT BILLY</b>
STREET ADDRESS	<b>2773 CASSATT AVE.</b>	1.3 STREET ADDRESS	<b>PO BOX 360 NIA</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>SANDERSON, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CREWS, HENRY J</b>	2.2 NAME	<b>HINES TOMMY</b>
STREET ADDRESS	<b>65 N 6TH STREET</b>	2.3 STREET ADDRESS	<b>RT 1 BOX 787</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>	2.4 CITY-ST-ZIP	<b>MACCLENNY FL</b>
TITLE	<b>STP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, B.J.</b>	3.2 NAME	<b>RHODES G W</b>
STREET ADDRESS	<b>ROUTE 1, BOX 920</b>	3.3 STREET ADDRESS	<b>RT 2 BOX 1070</b>
CITY-ST-ZIP	<b>SANDERSON FL</b>	3.4 CITY-ST-ZIP	<b>GLEN ST. MARY, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNS, TOMMY</b>	4.2 NAME	<b>REYNOLDS TERRY</b>
STREET ADDRESS	<b>149 N. 4TH STREET</b>	4.3 STREET ADDRESS	<b>RT 1 BOX 4750</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>	4.4 CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, STEVE</b>	5.2 NAME	<b>JONES B J</b>
STREET ADDRESS	<b>132 PINE LOG ROAD</b>	5.3 STREET ADDRESS	<b>RT 1 BOX 920</b>
CITY-ST-ZIP	<b>GLEN ST MARY FL</b>	5.4 CITY-ST-ZIP	<b>SANDERSON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHODES G W</b>	6.2 NAME	
STREET ADDRESS	<b>RT 2 BOX 1070</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN ST. MARY, FL</b>	6.4 CITY-ST-ZIP	

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BENNETT BILLY</b>
1.3 STREET ADDRESS	<b>PO BOX 360 NIA</b>
1.4 CITY-ST-ZIP	<b>SANDERSON, FL</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HINES TOMMY</b>
2.3 STREET ADDRESS	<b>RT 1 BOX 787</b>
2.4 CITY-ST-ZIP	<b>MACCLENNY FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RHODES G W</b>
3.3 STREET ADDRESS	<b>RT 2 BOX 1070</b>
3.4 CITY-ST-ZIP	<b>GLEN ST. MARY, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>REYNOLDS TERRY</b>
4.3 STREET ADDRESS	<b>RT 1 BOX 4750</b>
4.4 CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JONES B J</b>
5.3 STREET ADDRESS	<b>RT 1 BOX 920</b>
5.4 CITY-ST-ZIP	<b>SANDERSON FL</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steve Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/1/96** Daytime Phone: **904-275-2594**  
**SG. 5-1-96**

CFR2E037 (12/95)