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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **767727** (1)

1. Corporation Name

RAMSEY BEND HUNTING CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**ROY FUTCH ROAD
CROSS CITY FL 32628
US** **P.O. BOX 224
CROSS CITY FL 32628-0224
US**

3. Date Incorporated or Qualified **03/30/1983** 3a. Date of Last Report **07/19/1994**

4. FEI Number **59-2669992** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**JAMES B. VALENTINE
ROY FUTCH ROAD
P.O. BOX 224
CROSS CITY FL 32628**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PARRISH, RONALD E.
STREET ADDRESS	P.O. BOX 211 N/A
CITY, ST, ZIP	TRENTON FL
TITLE	D
NAME	ROBSON, ROGER
STREET ADDRESS	P.O. BOX 509 N/A
CITY, ST, ZIP	CROSS CITY FL
TITLE	D
NAME	VALENTINE, MILTON C
STREET ADDRESS	P.O. BOX 9 N/A
CITY, ST, ZIP	CROSS CITY FL
TITLE	D
NAME	ROBINSON, JAMEY
STREET ADDRESS	ROUTE 3, BOX 3
CITY, ST, ZIP	OLD TOWN FL
TITLE	P
NAME	BUCHANAN, ALVIN
STREET ADDRESS	ROUTE 3, BOX 1036
CITY, ST, ZIP	OLD TOWN FL
TITLE	ST
NAME	VALENTINE JAMES B.
STREET ADDRESS	POST OFFICE BOX 89 N/A
CITY, ST, ZIP	CROSS CITY FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Willie Harrison
23. STREET ADDRESS	12306 Vlyatt Court
24. CITY, ST, ZIP	Dade City, FL 32025
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110.07(3)(b), 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: *James B. Valentine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
Date