

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 # **767727** (1)
1. Corporation Name
RAMSEY BEND HUNTING CLUB, INC.



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 **05/01/1995**
4. FEI Number **59-2669992** 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 28 Zip
24 Country 25 Country 29 Country 30 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 **Charles A. Brown**
82 Street Address (P.O. Box Number is Not Acceptable) **Highway 351A**
83 **P. O. Box 224**
84 City **Cross City** FL 85 Zip Code **32628**

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]* DATE: **1-29-96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D **PARRISH, RONALD E.** **P.O. BOX 211 N/A TRENTON FL** DELETE
D **HARRELSON, WILLIE** **12306 WYATT COURT DADE CITY FL** DELETE
D **VALENTINE, MILTON C** **P.O. BOX 9 N/A CROSS CITY FL** DELETE
D **ROBINSON, JAMEY** **ROUTE 3, BOX 3 OLD TOWN FL** DELETE
P **BUCHANAN, ALVIN** **ROUTE 3, BOX 1036 OLD TOWN FL** DELETE
ST **VALENTINE JAMES B.** **POST OFFICE BOX 89 N/A CROSS CITY FL** DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **ST** Change Addition
1.2 NAME **Brown, Charles A.**
1.3 STREET ADDRESS **P. O. Box 1604 N/A**
1.4 CITY-ST-ZIP **Cross City, FL 32628**
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 **Smith, Buddy**
5.3 STREET ADDRESS **P. O. Box 1083 N/A**
5.4 CITY-ST-ZIP **Cross City, FL 32628**
6.1 TITLE Change Addition
6.2 NAME **Valentine, James B.**
6.3 STREET ADDRESS **P. O. Box 89 N/A**
6.4 CITY-ST-ZIP **Cross City, FL 32628**

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: *[Signature]* DATE: **1-29-96** Daytime Phone #

CR2E037 (12/95)